

SRS Care Limited

# SRS Care Limited

## Inspection report

1st Floor  
4a Eastgate Street  
Stafford  
Staffordshire  
ST16 2NQ

Tel: 07985551183  
Website: [www.srs-care.co.uk](http://www.srs-care.co.uk)

Date of inspection visit:  
27 January 2020  
28 January 2020

Date of publication:  
10 February 2020

## 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

The provider is registered with us to provide personal care and support for people who live in their own homes. They were supporting 24 people. 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.

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

People continued to be supported in a safe way. Risks to people were assessed and reviewed and lessons learnt when things went wrong. There were sufficient staff available for people. Medicines were administered as prescribed. Infection control procedures were followed in people's homes.

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 support this practice. People had access to health professionals when needed. Their needs were assessed and considered. People were offered a choice at mealtimes.

People were happy with the staff that supported them and the care they received. People were encouraged to be independent, offered choices and their privacy and dignity was maintained.

People received care based on their assessed needs and preferences. People had the opportunity to participate in activities or pastimes they enjoyed. There was a complaints procedure in place, which was followed.

There were systems in place to monitor the quality of the service provided and drive improvements when needed. Staff felt supported and listened to. Feedback was sought from people and relatives who used the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (Published 21 July 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 ●

# SRS Care Limited

## 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 was carried out by one inspector.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 28 January 2020. We visited the office location on 28 January 2020.

#### What we did before the inspection

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. The provider was not asked to complete a provider information return prior to this inspection. 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 in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with three people who used the service. We also spoke with one member of care staff and the registered manager to check that standards of care were being met.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out to ensure people received a good 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.

### Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "I have no concerns with the staff who come in and support me, they all know what they are doing. They make me feel reassured and safe."
- People's individual risks were considered and reviewed. When people used pendant alarms as an alert if they needed assistance, there were risk assessments in place and staff understood the importance of ensuring people had these before they left.
- Environmental risks in people's homes were considered, to ensure the safety of staff.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training.
- There were procedures in place to ensure people were protected from potential harm. When needed we saw these procedures had been followed.

### Staffing and recruitment

- People and staff confirmed there were enough staff available to meet people's needs. One person said, "There are enough staff yes, I have a team of about five and its always one of those who comes."
- There was a system in place to ensure there were enough staff employed for the amount of care hours people needed.

### Using medicines safely

- When support was provided, people received their medicines as prescribed.

### Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. People confirmed staff used this when offering support.

### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, the provider had identified their current recruitment drive was not as successful as it had previously been. They had developed new ways of recruiting and sharing this with people and their families. They told us this had proved successful and new staff had recently been employed.

# 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 good. At this inspection this key question has remained the same. 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 gender, culture and religion were considered as part of the assessment process. No one was currently being supported with any specific needs.
- We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; when people had a specific medical condition, we saw people had care plans or guidance in place for this.

Staff support: induction, training, skills and experience

- Staff continued to receive training that helped them support people.
- People felt staff knew them well and had adequate skills and experience to fulfil their role. One person told us, "Sometimes when certain staff don't come, I say where are they? They are sometimes away on training. They do a lot of training, some of the girls tell me about it and what they have learnt. They all know what they are doing."

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

- When needed staff supported people at mealtimes and with drinks. People confirmed to us they were offered a choice.
- People's dietary needs had been assessed and considered and care to people was delivered in line with their needs and preferences.

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

- Staff worked with other services to ensure people received care which met their changing needs.
- Although the provider wasn't responsible for people's health needs. Staff told us if someone was unwell they would contact the GP for them or contact their next of kin for advice.
- People's oral health needs had been assessed and considered.

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 whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- When needed capacity assessments had been completed and decisions had been made in people's best interests.
- Staff understood about capacity and consent and confirmed they had received training in this area.



# 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 were happy with the staff that supported them and the care they received. One person told us, "They are wonderful staff every one of them." Another person said, "They are lovely and always have a smile and time for a chat."
- There was information recorded in people's care files about their life history, which staff told us they used to engage with people.

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

- People were encouraged to make choices. One person said, "They keep me involved. They will tell me what the weather is like outside and if it's cold I will say I need my jumper, they will say the blue or red one, I think that's nice."
- Staff told us how it was important to encourage people to continue to make their own choices. One member of staff said, "We ask them all we can really, if they are ready to get up, what they would like to eat, if they want a shower or a wash; as much as we can."
- The care plans we looked at considered how people made choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They let themselves in, but they always knock the door, so I know they are here, which is very good."
- Staff gave examples of how they offered support to people.
- People were supported to be independent. One staff member said, "For personal care, we get people to do what they can for themselves first before we intervene."
- Records we reviewed reflected the levels of support people needed.

# 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 confirmed that staff knew them well and their needs and preferences were met.
- People had care plans which were personalised, reviewed and regularly updated.
- People's religious and cultural needs were considered, assessed and understood by staff.

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 careers.

- The provider met the Accessible Information Standard.
- People had information in their files stating their preferred methods of communication. When people used aids, such as glasses this was documented in people's files.

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 had the opportunity to participate in activities they enjoyed. Staff told us before they left people they ensured they had things that were important to them. For example, the newspapers, the tv remotes and some people enjoyed completing quizzes.

Improving care quality in response to complaints or concerns

- People knew how to and felt able to complain.
- There was a complaints policy in place.
- When complaints and concerns had been raised they had been responded to in line with the providers procedure.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- Quality checks were completed. These included monitoring of medicines, care files and call times.
- We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed and this had identified there were missing signatures on medicines records. Action had been taken to investigate these concerns and information shared with staff to ensure this did not reoccur.

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

- The provider sought the opinions of people they supported. This was through satisfaction surveys.
- We saw when needed the provider had taken action to make changes.

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

- People and staff spoke positively about the management team and the support they received.
- One person said, "It's a nice small service, they look after us all well."

### 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

- Duty of candour requirements were understood by the registered manager.
- Where things had gone wrong, the provider had informed the appropriate parties

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

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

### Working in partnership with others

- The provider jointly worked with other professionals to ensure people received the care they needed.