

# Sandwell Metropolitan Borough Council

# The Lyng

## 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

### About the service:

The service is registered to and managed by Sandwell Council. People who used the service received their support and care in their own homes within the community. The service comprised of three different elements. Short Term Assessment and Reablement [STAR], Fast Response and Own Bed Instead. All three elements supported people when they were unwell, had suffered an injury, or required end of life care. This enabled a timely discharge from hospital or could prevent the need for a hospital admission. The service provided was time limited, in general six weeks, and for the majority of care and support packages there was no charge.

### People's experience of using this service:

People were supported by staff that were caring and compassionate and were treated with dignity and respect. Staff listened and responded to any concerns or worries people had and used these as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager, operations manager and service manager worked well to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

Rating at last inspection:

Requires Improvement. (Report Published 03 December 2016)

Why we inspected:

This was a planned comprehensive inspection based on the rating of requires improvement at the last inspection. The service rating changed to an overall rating of good.

Enforcement:

No enforcement action was required.

Follow up:

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

# The Lyng

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors 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 service.

#### Service and service type:

Star Service Limited is a domiciliary care service. Staff deliver personal care support to people living in their own homes. Services are provided to both younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

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:

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary service staff members are often out of the office providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. We visited the office location on 11 March 2019 to speak with the registered manager and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with staff, reviewed two staff recruitment and supervision files, seven care records and records relating to health and safety, safeguarding and other aspects of the service. We spoke with three care staff, two assessors, care coordinator, team leader, interim service manager, operations manager and the registered manager. The expert by experience and lead inspector telephoned and spoke with a total of 20 people who use the service and 5 relatives to gain their views of the service. We also received positive feedback from 3 health and social care professionals about their experience of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People and their relatives explained to us how the staff maintained their safety. One person said, "I feel extremely safe in their [staff] hands. I find them reassuring and caring".

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm.
- The registered manager checked all accident and incident records to make sure any action was effective. Accident and incident forms were sent to a centralised health and safety unit managed by the local authority. A quarterly report is produced to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.

### Staffing levels

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were calculated based on individual needs assessments, which were reviewed and updated regularly as people's individual needs changed.
- People and their relatives told us they received care in a timely way.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers. and Disclosure and Barring Service (DBS) checks.

### Using medicines safely

- Some people needed support or prompting to take their medicines. When staff supported people in this task appropriate medicines records were completed.
- People told us they were happy with the support they received to take their medicines.
- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People using the service and their relatives told us staff practiced good infection control measures.

### Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunity.

# Is the service effective?

## Our findings

Effective- this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction.

Supporting people to eat and drink enough with choice in a balanced diet

- Most people had family members support them with their diet. Where staff had provided support to people to eat and drink to maintain a balanced diet, people were satisfied and had not raised any concerns with us.
- People were supported by staff to maintain good nutrition and hydration.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One person said, "They encourage me to do some things on my own, they also spoke to my OT and arranged for new equipment to be installed".

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 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.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before

assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People received care from staff who developed positive, caring and compassionate relationships with them.
- People told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. People's comments included, "They are friendly and kind. They do everything they are asked to do", "They are happy to help, [name] is a laugh a minute", "They are genuine and caring, they are more like a friend", "They have time for a conversation and that's important to me".
- People were treated with kindness and were positive about the staff caring attitude. People and their relatives were positive about the care they received.

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- People and relatives told us they felt listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

### Personalised care

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including in developing care, support plans.
- Staff were knowledgeable about people and their needs.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Care plans were available in different formats such as large print and different languages.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open.

### End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person centred care.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- People, relatives and staff expressed confidence in the management team. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. One relative told us, "I can raise issues with staff or the manager, they are helpful and willing to listen".
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns. One staff member told us, "When I arrived to care for someone their health had deteriorated. It was not safe for me to care for them. I called the office and assistance was arranged straight away, I always know I can speak to a team leader or manager for guidance".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities.
- People spoke highly of the service and could not identify any areas for improvement.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager, operations manager and staff.
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team carried out audits to monitor the quality of the service. At the time of inspection, the management team were piloting a new audit and competency process. Previously audits were completed after people had received up to six weeks of care. The management would check the documentation and give feedback to the assigned carers. The new pilot system involves team leaders visiting people's homes and checking documentation and conducting competency checks whilst people are still receiving the service. The registered manager said, "We have introduced this new system so that we can make changes and improve the service while people are still receiving care. The feedback so far has been very positive"

Engaging and involving people using the service, the public and staff.

- People, relatives and advocates feedback was sought through a survey. Responses showed they were happy with the standard of care.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

- People and staff were encouraged to air their views and concerns. The registered manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

Continuous learning and improving care.

- Staff meetings took place regularly. One staff member told us, "We have regular meetings, we given an opportunity to express our opinions, I always feel listened to".
- The management team completed regular in-house audits of all aspects of the service.