

Sterling Standard Care Group Ltd

# Sterling Standard Care Group

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

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

### About the service

Sterling Standard Care Group is a domiciliary care service that provides care and support to people living with dementia, older people, people with a learning disability and autistic people, including children. At the time of our visit, the service was providing care and support to 80 people living predominantly in North London.

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. At the time of our visit, around 30 people received personal care.

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

#### Right Support:

Risks in relation to people's care and welfare were not always thoroughly assessed. This meant staff did not always have the right guidance to support people safely. Systems were in place to manage people's medicines. However, improvement was needed in the way information about people's medicines was presented in their care plans and risk assessments.

Staff supported people to make decisions following best practice in decision-making.

Staff enabled people to access specialist health and social care support in the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Staff were deployed effectively to meet people's needs safely. However, we found shortfalls in recruitment processes, more specifically around staff documentation.

Staff understood how to protect people from poor care and abuse. People told us staff were kind and caring.

Staff promoted equality and diversity in their support for people.

### Right Culture:

The service's quality improvement processes needed to improve as they failed to identify the issues we found at this inspection.

People received support from a competent staff team. Managers ensured staff had appropriate support and training.

Managers worked towards improving care delivery by involving and gathering the views of people and their loved ones. Staff valued and acted upon people's views.

There was a positive culture where people felt empowered and were pleased with their care.

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 13 March 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sterling Standard Care Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance.

We made a recommendation about the safe recruitment of staff.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sterling Standard Care Group

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and 2 Experts by Experience who contacted people and their relatives by telephone for feedback on the care they received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of a monitoring activity that took place on 4 May 2023 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed a range of records including 7 people's care records and several medicines records. We looked at 5 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.

We made calls and spoke with 2 people using the service and 18 relatives about their experience of the service and care provided.

We spoke with 8 members of staff including 5 care workers, office staff and the registered manager.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people, including medicines-related risks, were not always properly assessed.
- While staff assessed risks to people's health, care and safety, and supported people with their medicines, we found shortfalls in these areas.
- Managers assessed risks to people and created guidance for staff so that they could support people safely. Risk assessments covered areas such as people's health, environment and mobility. However, some risk assessments were more comprehensive and personalised than others. For example, 1 person had a detailed plan around how to support them to mobilise safely while another person, who was at risk of falls, had minimal guidance in place.
- For 3 people who used catheters, no risk assessments had been completed to identify any associated risks and provide staff with safety information. This meant there was a risk staff may not be aware of the signs to look for if a catheter was malfunctioning, and not be able to take the right actions promptly.
- Risk assessments did not always cover risks associated with people's medicines. For 1 person, their care plan or risk assessments did not clarify the exact level of support they needed with their medicines. According to the registered manager, this person was able to manage some of their own medicines, and records showed that staff prepared and left their medicines out for them to take later in the evening. However, a risk assessment had not been completed for this arrangement. Additionally, records also showed staff handling medicines which were not documented on the person's medicines administration records (MAR). This meant there was a risk the person did not receive their medicines as prescribed.
- For another person who was known to be at risk of overdosing, there was no guidance on how to minimise this risk.

While we found no evidence that people had been harmed, the provider did not consistently assess risks to people. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had formed positive relationships with people and their relatives. They knew people's needs well and adopted a gentle approach when working with people. Feedback from relatives included, "They are very careful about [person's] balance and helping them to walk" and "[Person has seizures, the staff understand their condition."
- Each person had a MAR which staff completed routinely to indicate whether a person had taken their medicines or not. MARs also contained the necessary information to identify the person it belonged to, as well as information on each prescribed medicine. Staff were trained in the safe management of medicines and had their competency assessed regularly.

## Staffing and recruitment

- The service recruited and deployed staff safely.
- Recruitment checks consisted of identity checks, references and DBS checks. For staff supporting children, their DBS included the 'Children's barred list information' check, which would reveal if a staff member was disqualified from working with children. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found job application forms were not always fully completed. Also, managers did not always ensure gaps in staff employment history were fully explored at the time of recruitment.

We recommend the provider consider current guidance on safer recruitment of staff.

- The majority of people and their relatives felt staff arrived on time and stayed throughout the entire duration of the care calls. We ran a check of the service's electronic call monitoring covering a period of 8 weeks and found 75% of care calls were attended to within 15 minutes of the scheduled times. Staff contacted people if they were running late. Feedback from people and relatives included, "They always turn up on time", "They stay for the whole duration" and "They ring me if they're late."
- A few people/relatives told us staff did not always keep to time or came at random times. We raised this with the registered manager, who told us they were aware of some cases where staff punctuality was an issue and were working on it.

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

- Systems and processes were in place to protect people from the risk of abuse.
- Staff received training in safeguarding, knew the signs of abuse and how to report concerns. A staff member told us safeguarding is to "make vulnerable people feel safe in the society". They also said, "Anybody can raise a safeguarding concern if you feel there is something. If I have a concern, I will report to the manager, complete an incident form, and if the manager doesn't act, I can raise it elsewhere [local authority]."
- People and relatives felt safe with their care workers. One person told us, "I feel safe and I can explain if things aren't right." A relative said, "[Person] feels safe because the staff are very caring."
- Service managers informed relevant local authorities whenever they had concerns about the people they support.

## Preventing and controlling infection

- Staff followed infection control measures to protect people from the risk of infections.
- Staff completed training in infection control, hand hygiene and food hygiene. They had access to personal protective equipment (PPE), which they wore as required. A relative told us, "Staff wear full PPE when they attend to [person]."
- The service's infection control policy was up to date and specific to this type of service (domiciliary care).

## Learning lessons when things go wrong

- Managers and care staff assessed certain situations, such as accidents, incidents and near misses. Any learning was shared in team meetings and staff supervisions.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Managers assessed people's needs before they started receiving care and support, or as soon as practicable. The assessment covered a range of areas, including people's personal information and history, list of prescribed medicines, culture and religion, personal care needs, eating and drinking, and mobility. A relative told us, "I was involved with his assessment and happy with it."
- However, we found there were cases when the service accepted a care package on short notice and with minimal information. This practice increases the risk of ineffective care being delivered due to staff's lack of awareness of people's needs and how to support them. We discussed this with the registered manager, who assured us in cases like this, staff would contact the person's relatives to gather as much information as possible. A care supervisor would also be present during the first care visits to gather information about the person and support care workers.
- Policies and procedures guided staff to deliver care in line with standards and best practice.

Staff support: induction, training, skills and experience

- Staff were supported in their roles by effective communication with their managers, a thorough induction and ongoing training.
- New starters were enrolled on an induction programme comprising working under the supervision of experienced staff, completing mandatory training and learning about people's needs and the organisation's codes of conduct. A relative said, "If they are new, they come with someone else to show them the ropes."
- Each staff member had access to a range of ongoing training as applicable to their roles. This helped to ensure they remained competent, and their knowledge was up to date. Staff also completed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Managers supported staff through regular supervisions and appraisals. Comments from staff included, "I feel supported and have been able to develop myself" and "I get support from the office."

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

- Staff supported people to eat and drink as per their wishes and assessed needs.
- People's care plans contained clear information on the support they required with eating and drinking. The guidance included information on any allergies people had and the type of diet they were on. A relative told us, "The staff seem very concerned about his health. They make sure he drinks enough."

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

- Staff monitored people's health and escalated concerns when needed.
- People care plans contained an overview of their medical conditions and the best way to support them around these. For example, for 1 person who had Parkinson's disease, there was detailed information in their care plan on what the disease is, its symptoms and the supported they needed to promote their wellbeing.
- Where people needed support from specialist services, the service worked with other agencies to ensure people received effective care and support. For example, when staff noticed a decline in a person's mobility, they made a referral to the occupational therapy service for an assessment. We saw the recommendations made by the occupational therapist, which contained guidance for staff on how to effectively support the person.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff worked within the principles of the MCA.
- Staff offered people choices and sought their consent before providing care and support.
- People's care plans contained information on their mental capacity and decision-making abilities.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers carried out audits and spot checks to assess and improve the quality of service. However, quality assurance systems had not identified the issues we found around assessing risks to people and recruitment.
- Systems to assess people's care records, such as care plans and risk assessments, were lacking or not robust enough. Some sections of care records contained conflicting information around people's support needs. For example, a section of 1 person's care plan stated, "We [staff] provide [person's] medicine support" while another section stated, "[Person is able to take their own medicines." Other sections lacked clear guidance for staff.
- Guidance for staff on medicines for some people were not always clear. Where people were able to administer part of their own medicines but also received support from staff to take other medicines, their care plans and/or risk assessments did not provide accurate instructions for staff. Existing quality assurance systems had not identified these discrepancies.
- There was a lack of management oversight on recruitment processes to ensure safer recruitment requirements were fully adhered to.
- We were not assured managers fully understood their regulatory obligations.

Based on the above, systems were either not in place or robust enough to assess, monitor and mitigate risks within the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear staffing and management structure which ensured the service ran smoothly. Managers met regularly to discuss any pressing matters and overall management of the service.

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

- Managers created an open and a welcoming environment, which encouraged people to be in control of their care.
- People and their relatives were overall satisfied with the care and support they received. A person told us, "The care manager is good and he understands my needs." Feedback from relatives included, "They went way above and beyond adapting to [person's] own individual needs. He is living again" and "Sterling has always been very accommodating."

- People and their relatives felt comforted by the effective communication links the service had set up. A relative told us, "There's a direct line. They always answer me straight away. The manager gets in touch. I can talk to him." Another relative said, "The manager is very responsive. There's always someone getting back to me."
- Staff were comfortable to speak up and felt listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Managers sought feedback from people and staff to develop the service.
- People and staff had the opportunity to share their views through satisfaction surveys. Managers also contacted people via telephone regularly to check that they were happy with the service provided. One person told us, "They ring me every few months and ask me if I am happy."
- Managers reviewed and discussed the feedback received, which was then used to drive improvements. The information was also shared with the wider staff team.
- Staff had training in equality and diversity. They respected people's rights and differences.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service worked in partnership with other organisations, such as local authorities and healthcare professionals, to provide effective care to people. Records seen on inspection confirmed this.
- The registered manager was aware of their duty to be open and transparent when things went wrong. They told us, "The first thing to do is to safeguard people. We acknowledge our mistake and inform relatives."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  How the regulation was not being met: The provider did not always ensure risks relating to people's care and medicines were consistently assessed and mitigated.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess and monitor risks within the service.