

Skills Direct Ltd

Skills Direct Bournemouth

Inspection report

61 Basepoint Business Centre, Aviation Park West
Bournemouth International Airport, Hurn
Christchurch
Dorset
BH23 6NX

Tel: 02080689158
Website: skillsdirectltd.co.uk

Date of inspection visit:
05 July 2018

Date of publication:
17 August 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 5 July 2018 and was announced.

The service registered in October 2017 and this was the first inspection. The registered manager spent time speaking with us about their progress since they started to provide support to people in January 2018 and their learning and development during this time.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to eight people.

This service is a domiciliary care agency. It provides personal care to people living in their own apartments in the community. It provides a service to older adults and people with dementia. Not everyone using Skills Direct Bournemouth receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Skills Direct Bournemouth's office is situated at Bournemouth Airport. It provides support to people living in the Christchurch and Ferndown areas.

There was a registered manager in post. 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 protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of the risks that people faced and understood their role in managing these to ensure people received safe care. Risk assessments needed to include further details about how identified risks affected each individual.

People were supported by enough staff to provide effective, person centred support. Staff had been recruited safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People received their medicines as prescribed and staff worked with healthcare professionals to ensure that people received joined up, consistent care.

People were supported from the spread of infection by staff who understood their role in infection control and used appropriate Personal Protective Equipment (PPE).

People were supported to make choices about all areas of their support and staff understood the principles

of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink.

People and those important to them were involved in planning the support they would receive and were asked for their views about the support and any changes to people's needs. Reviews identified where people's needs had changed and reflected changes to the support provided in response to this.

People were supported by staff that respected their individuality and protected their privacy. Staff understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected. Staff had undertaken training in equality and diversity and understood how to use this learning in practice.

People told us that staff were kind and compassionate and people had formed strong relationships with staff teams who were well matched with people and provided consistent care.

Staff were confident in their roles and felt supported by the registered manager. Feedback indicated that the office was easy to contact during or outside office hours.

Quality assurance measures were in place and used to identify any areas for improvements. Action plans were in place to record these.

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 at a reduced risk of harm because staff understood the risks people faced. However, risk assessments needed to be more detailed to give guidance about how risks needed to be managed for each individual.

There were sufficient, safely recruited staff available to meet people's assessed care and support needs.

People were protected from the risks of abuse by staff who understood the potential signs and were confident to report.

People were safe because medicines were managed safely, correctly recorded and only administered by staff that were trained to give medicines.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

People were supported to receive enough to eat and drink.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People were listened to and felt involved in making decisions about their care. Where changes were required, these were acted on and reflected in care plans.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke positively about the management of the service and told us that they were able to speak with the office when they needed to.

Feedback was used to plan actions and make improvements.

Quality assurance measures were used to identify patterns or trends. The registered manager was working with the provider to ensure that systems to provide oversight were proportionate and consistent.

The management promoted and encouraged an open working environment by including people and recognising staff achievement.

The service worked in partnership with professionals to deliver positive outcomes to people.

Skills Direct Bournemouth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 July 2018 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector. We visited the office location and also visited someone receiving a service. We then made follow up telephone calls to people and staff.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had not requested a 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. We gathered this information during the inspection.

During the inspection we visited one person who used the service and spoke with two people on the telephone. We also spoke with three members of staff and the registered manager.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records. We looked at three staff files, the recruitment process, complaints, training and supervision records.

Following our inspection visit, we requested further documentation from the service. This included contact

details of people who had given consent for us to contact them and policies relating to different areas of service delivery. This information was provided.

Is the service safe?

Our findings

People were supported by staff who understood the individual risks they faced and their role in managing these. For example, one person was at high risk of falls. Staff explained how they monitored the person and ensured that they used their walking aid to manage this risk. Another person was registered blind and staff understood the importance of ensuring that items were in the correct place and that there were no hazards in the person's home.

Some risk assessments required more detail about how the risk needed to be managed for each individual. For example, one person had a catheter but no specific risk assessment to outline the risks or how staff needed to manage these. A staff member told us that they would be concerned about "urine changing colour, any blood or offensive smell". This confirmed that staff understood how to manage this risk but the information needed to be reflected in the person's care plan. The registered manager told us that they would ensure that all existing risk assessments were individualised and sent us a copy of a catheter risk assessment which provided clear guidance for staff about how to manage this risk.

People were protected from the risks of abuse by staff who understood the potential signs to be aware of and how to report these. Staff explained what signs they would look for which they might be concerned about. Comments included "bruises you can't account for...if they(people) are quiet or withdrawn, if their personality changes" and "any unusual bruising or unusual behaviours which are out of character". Staff told us that they would report any concerns to the office. There was a safeguarding policy in place which gave guidance about external agencies and included a pictorial diagram about how any concerns should be reported.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The registered manager explained that they wanted to recruit staff with the right approach for people and explained "you have to find carers to match people and it took time to do this...we focus on quality and use a fine tooth comb to ensure we have the right staff".

People received their medicines as prescribed and these were recorded accurately. A member of staff explained how they supported a person with their medicines and said "I explain what the tablets are, how many there are and put them on (name's) hand". Another staff member told us that they made sure a person took their medicines before they recorded these in their Medicine Administration Record(MAR). The MAR were monitored regularly by the registered manager we saw evidence of recording issues including use of blue ink, which is not best practice, being followed up. There were no recording gaps on the two MAR we checked.

People were protected from the risks of infection because staff followed infection control procedures. Staff had access to appropriate Personal Protective Equipment (PPE) and told us how they used this to prevent

the spread of infection. One person explained that staff "wear gloves and aprons all the time and when assisting with food". The registered manager explained that they took PPE out to staff when needed to ensure that they always had this available.

Staff understood their responsibilities to raise concerns or report incidents and these were used to learn and drive improvements. Copies of blank accident and incident forms were kept in people's homes and staff understood to report any incidents to the office. One staff member had not reported a fall and the registered manager told us that they would follow this up with them following the inspection. Staff had raised a potential concern about a person who was vulnerable. The registered manager explained how they had worked with staff and the person to arrange support in a way which would safeguard the person and this was working effectively. Another staff member explained that if a person had an accident they would "get an ambulance(if appropriate), report to the office, fill out a form(incident form) and visit the office to complete a statement about what happened".

Is the service effective?

Our findings

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

People's capacity to make decisions relating to their care and treatment was considered by staff and capacity assessments were in place. Although these were decision specific and included those important to people, they needed further details about how decisions about people's capacity were made. The registered manager contacted the Local Authority MCA team to seek advice and guidance and provided us with evidence that they had implemented amended MCA assessment and best interest forms which were in line with the MCA.

People were involved in pre-assessments before they started to receive a service from Skills Direct Bournemouth. This information formed the basis for people's care plans and we saw that they contained detailed information about people including any assistance needed to mobilise, access details for their home, communication needs, any allergies and what outcome they wanted as a result of receiving support. The pre-assessments also considered any worries or fears people had about receiving support and whether people needed any support to be able to maintain interests or social relationships.

Care plans captured people's religious and cultural needs but no-one receiving a service required any support from Skills Direct Bournemouth to meet these at the time of inspection. The registered manager told us that they would include more details about this in pre-assessments with people to ensure that any needs were identified before care was provided and any identified support could be arranged to ensure these needs were met.

People were supported by staff who had the correct knowledge and skills to support them. One person explained that they had very sensitive skin. They had bought an over the counter cream for pain and staff had suggested that they patch test this before using it. They told us that they had a reaction to the cream and were very thankful that staff had the knowledge to suggest the patch test. Another person was reluctant to eat and put off by large portion sizes. Staff were aware of this and provided meals in smaller portions to encourage them to eat.

Staff received training in a range of topics the service considered essential. These included dementia, safeguarding, medicines, food hygiene, fire safety and moving and assisting people. The registered manager explained that they gave staff workbooks in various topics throughout the year so that they could monitor and identify any additional areas for learning. A staff member told us that the service was supporting them to undertake a national qualification in health and social care. Comments from staff included "have always provided me with the correct equipment to delivery my care to my clients" and "showed me everything I needed to know about each individual".

New staff were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. New staff shadowed the registered manager as part of their induction and this meant that people were introduced to new staff before they started to provide their care and treatment. A member of staff told us that they had shadowed the registered manager and this had worked well. Another staff member explained that the registered manager had only "left me to work on my own when I felt I was ready". A person explained that this approach meant that they had confidence about who was visiting because staff were introduced by the registered manager and learnt from them about what was important to them.

Staff were supported through regular supervision and told us that they could go into the office to discuss any concerns or issues if needed. Comments from staff included "we talk about everything...how I'm doing" and "they've(management team) got time for you. Really nice to be somewhere where they want to hear what you've got to say".

People were able to express their preferences about which staff visited them at home and this was respected. Pre-assessments included information about whether people had a preference for male or female staff and the registered manager explained how this was reflected when visits were booked. A person told us that they had not wanted one staff member and that this had been respected.

Technology and equipment was available that increased people's independence and safety. Examples included pendant alarms which people could use to call for assistance in an emergency and equipment to assist people to move safely; walking frames or hoists.

People were supported to have enough to eat and drink if they required assistance with this. Care plans reflected what support people required with meals and drinks and also reflected likes and dislikes. For example, one care plan identified that fluids needed to be left within reach of a person at the end of a visit to ensure that they had access to drinks when staff were not there. Another person had a small appetite and their care plan reflected how staff needed to support them by 'being positive and encourage to eat'. A person explained "staff know to provide smaller portions".

Skills Direct Bournemouth were in the process of considering how to implement a system to ensure that essential information about people was shared when people moved between services or went into hospital. The registered manager told us that they were going to ensure that information about people's needs and wishes were recorded on an easily accessible 'grab sheet.' This would be available in people's care plans and could then be shared with emergency services such as paramedics to ensure that relevant information was shared.

People were supported to receive prompt access to healthcare services when required. We saw that people had access to district nurses, GP's and other healthcare professionals. A staff member explained that when they had needed emergency support for a person they visited, they had contacted them immediately and the registered manager had also visited to provide support to the person when the incident happened.

Is the service caring?

Our findings

People spoke highly about the staff who visited them and felt that they were kind and compassionate in their approach. Comments included "they don't make me feel like I'm a burden...everyone (staff) walks in, no complaints and everyone happy" and "I don't have to tell them...it's lovely. I don't have to ask". One person told us about a particular staff member and explained "we just hit it off immediately...talking from the moment (staff name) comes in the door until they leave".

Staff understood how to communicate with people in ways which were meaningful for them. People's records included information about whether people had any particular communication needs and we observed staff communicating effectively with people. One person had sight loss and explained how staff supported them. They said "they (staff) always leave things as they find them...they(staff) tell me where they are and what they are doing". A staff member also explained that they ensured they called out when they visited the person so they knew who was coming in to their home and checked that everything was positioned correctly on the person's table in the way they preferred. The person explained that staff verbally told them who would be visiting next so that they knew this in advance.

People were actively involved in making choices about all aspects of their care and treatment. Staff understood how to offer people choices about their support. One staff member explained how they offered a person choices about what they ate and drank and a person explained staff offered them choices about what they wore. Another person's care plan identified that there were some areas of a person's support where they needed assistance to make decisions. However the care plan focussed on the choices the person was able to make and how to offer these.

Staff were trained in equality and diversity and the registered manager explained that training included examples of possible discrimination and discussions about how to challenge discrimination in a "professional and discreet way". The registered manager explained that they were an open and honest service and wanted people and staff to "be who they are".

Staff were respectful of people's homes and privacy. We observed that staff entered people's homes in the way they wished and people's preferences around this were reflected in care plans. One person lived with their relative. Their care plan identified that staff were to call out to their relative when they arrived on the way to the person's room. A staff member explained that for another person, they were mindful that their relative could still be asleep when they visited and respected their privacy by being quiet when then arrived to visit the person. One person told us "staff are conscious of my privacy and respectful of it". Another person told us that staff were respectful of their privacy and always pulled the shower curtain around when they were using the shower.

People's confidential information was stored securely. Information was shared with staff on their own personal mobile devices. The registered manager explained that no identifying information was used and people's names were not shared to ensure that personal data was protected.

Is the service responsive?

Our findings

People were involved in person centred reviews about their care and treatment and care plans showed when there were changes to the support people received. The registered manager explained that they reviewed people's support every six weeks and included people and those important to them in discussions about their care. People were asked to consider who they wished to be present at their review and what they wanted to discuss before a review was held. This ensured that reviews were person centred and based on what individuals felt was most important. Reviews showed that changes were listened to and actions taken. For example, one person was declining assistance with personal care on a regular basis. After discussing at the review, the visit times were changed to enable the person to have breakfast before staff assisted them with personal care and that had worked extremely well for the person. The registered manager explained that the person was now accepting personal care support regularly as a result of this change.

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. Details included people's histories and what was important to them. For example, one person's care plan guided staff by stating "I (person's name) would enjoy carers to ask me about my past" and then gave some further details about their history and those important to them. This was important because it provided staff with a basis for meaningful communication with people about topics where they were of interest to them. Care plans also included any concerns which people had about receiving support and guidance from staff and about how to support each person as an individual. One person explained how staff interacted with members of their family. This was important to them and they described staff as "brilliant."

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager explained that the statement of purpose was available in an easy read format for people with pictorial information. They explained that they were able to produce other documentation in different formats if required to meet people's communication needs. Care plans included detailed information about any communication difficulties and support people needed to manage these. For example, one person had struggled with a new electronic device because of their sight loss. The registered manager explained that they had supported the person to choose and buy an alternative option which they were able to learn to use independently using raised sticky dots to learn where the relevant controls were. The person told us that this option worked well and they could manage this themselves.

The service had not received any complaints since they registered, however there was a complaints policy in place. This included the process for complaints to be made and responded to, timescales and contact details for external bodies including local authorities and CQC. The registered manager had auditing paperwork in place so that any complaints could be monitored and oversight of any issues could be managed.

Skills Direct Bournemouth were not supporting anyone with end of life care at the time of inspection. The

registered manager told us "we definitely want to be able to provide end of life care....it's important for people to be able to be at home". They explained that this was an area of support that they would be looking to provide for people.

Is the service well-led?

Our findings

Skills Direct Bournemouth had a registered manager. 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.

We received positive feedback from people and staff about the management of Skills Direct Bournemouth. The office were easy to contact and helpful. Out of hours support was managed between the registered manager and recruitment manager. One person explained "I can always get hold of the office and have registered managers' mobile which is available 24 hours". Some people had received support from different services previously and told us how pleased they were about the service they now received. Comments included "I'm so glad I changed" and "same, regular team of staff who turn up when they are meant to". Another person explained "(registered manager name) is the best".

Staff felt supported and spoke highly about the management of the service. Comments included "there is always someone on the end of the phone...they help straightaway" and "they are really, really lovely to work for". The registered manager had gathered email feedback from staff prior to our inspection and provided us with copies of the responses they had received. These were all extremely positive with comments including 'I am very well supported. This is something I understand to be invaluable when working autonomously as I do', 'all I can say is I have the best bosses!', 'I feel the quality and accuracy of the care company is excellent' and 'believe in giving the best quality care to each client'.

Staff understood their roles and responsibilities and Skills Direct Bournemouth had systems in place to ensure that staff felt valued and supported. Staff received regular competency checks completed by the registered manager. These were unannounced and looked at areas of practice including medicines administration, infection control and communication.

Systems were in place to recognise and value staff. The registered manager explained that each staff member was in the process of receiving a monetary voucher in recognition of their first few months at Skills Direct Bournemouth. Staff had provided additional support while recruitment processes for new staff were underway. Staff also received enamel pins for the length of time they had worked for Skills Direct Bournemouth and were recognised through a 'carer of the month' scheme which was in the process of being implemented. Staff received an incentive for recommending new staff or new people to the service.

The registered manager received support from the provider and was developing links with other services to discuss best practice and share issues and ideas. They told us about links with registered managers from other domiciliary agencies and explained how their previous experience had informed the person centred focus of Skills Direct Bournemouth.

At the time of inspection the service was providing a mixture of types of personal care for people. These included waking night support, 24 hour live in support and regular scheduled visits. The registered manager

explained that they would continue to provide a mixture of types of support for people in response to both the support needs of people requiring a package of care, and also the availability and experience of new staff recruited. They told us emphasis was placed on recruiting 'quality' rather than 'quantity' of staff and intended to continue to focus on developing their staff team in this way.

People and staff were able to feedback in to the service through regular monitoring and staff meetings. People told us that they were asked about the service at reviews and through regular phone calls. One person explained "I regularly get a courtesy call, they(staff) check in...it's nice". Another explained that they had reviews "once a month and we talk about how things are going". Quality assurance audits also included feedback from people about the service and any actions resulting from the comments. Staff meeting minutes were shared and included updates and best practice. For example, the General Data Protection Regulation had been discussed. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people will have more say over the information that the service holds about them.

Oversight of the service delivery was maintained through quality assurance systems which monitored areas including accidents and incidents, complaints, care plans and safeguarding. Although Skills Direct Bournemouth had only been registered for eight months at the time of inspection, the registered manager had documentation in place to provide oversight of all areas of the service as it continued to expand. For example, people's care plans and medicine administration records were returned to the office regularly and audited to highlight any gaps or trends. Although no safeguarding or complaints had been received, oversight processes were in place to ensure that these could be effectively monitored.

Skills Direct Bournemouth worked in partnership with other agencies to ensure people received joined up care. For example, they had worked closely with a reablement team to ensure that a person had the correct equipment and support to effectively manage their support at home.