

Somerset Care Limited

Somerset Care Community (Crewkerne)

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

This inspection took place on 5 and 6 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people of all ages living in their own homes in the community. Not everyone using the service received the regulated activity; Personal care. 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.

At the time of this inspection Somerset Care Community (Crewkerne) was providing care to 174 people in their homes. The service covers a large geographical area and therefore the staff are split into smaller teams. One small team provides an enablement service for four to six weeks for people have been discharged from hospital but require a period of support to regain their independence.

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.

This is the first inspection of the location since it was registered with the Care Quality Commission in November 2016.

Somerset Community Care (Crewkerne) had systems in place to listen to people's views and identify shortfalls in the service. The systems had identified some issues, such as inconsistent timings of visits and the need to improve communication. The registered manager and provider had a commitment to making improvements and were taking action to address issues. One person told us, "It's changed recently, It's wonderful now."

The provider took steps to make sure people received a safe service. They had policies and procedures which minimised risks and worked with other professionals to make sure people were protected. People felt safe with the staff who supported them. One person told us, "I feel totally safe with the staff who come to me."

People were supported by kind and caring staff who were competent in their roles. Staff received training which enabled them to safely support people and to meet specific needs. People told us, staff supported them to maintain their independence and adjusted care in line with their changing needs.

There were occasions when staff went over and above their job role to make sure people were supported. During a period of bad weather some staff, including office based staff, walked for several miles in the snow to make sure people were safe.

People were supported in a way that respected their dignity and privacy. Staff were respectful of people's homes as well as the people they were supporting. One person said, "I think they are respectful and treat me with respect."

People's care and support was planned with them and each person had a care plan which gave clear details of how staff should support the person. Care was provided in accordance with people's wishes and was respectful of their individual beliefs and lifestyle choices.

People could be confident that at the end of their life they would receive professional compassionate care. Staff received training on how to support people at the end of their life and worked with other professionals to maintain people's comfort.

Staff supported people with routine healthcare needs and responded appropriately if people were unwell. Staff liaised with other professionals to make sure people had the support and equipment they required to promote their independence. All staff were trained to support people with medicines if people needed help with this.

The provider had a formal complaints procedure which ensured all complaints were fully investigated. People told us when they had raised issues these had been responded to.

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.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to report concerns.

People who needed help with medicines received them from staff who had received training to carry out the task.

The provider learnt from mistakes and took action to improve the care people received.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and competent.

People's health needs were monitored and staff took action to make sure people were seen by healthcare professionals when required.

People only received care with their consent or in their best interests if they were unable to give consent.

Is the service caring?

Good ●

The service was caring.

People received their care and support from staff who were kind and caring.

People's privacy and dignity was respected.

People were fully involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was personalised to their wishes and needs.

People were supported to maintain their independence.

People could be confident that at the end of their lives they would be treated with kindness and compassion.

Is the service well-led?

Good ●

The service was well led.

People were supported by a provider who recognised shortfalls in the service and took action to address them.

The provider actively sought people's views and responded to suggestions made.

People were supported by a provider who constantly strived to improve the service.

Somerset Care Community (Crewkerne)

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.

This inspection took place on 5 and 6 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

The inspection was carried out by two inspectors who spent time at the office and visited people in their own homes. An expert by experience contacted people by phone to seek their views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We visited the office location on 5 and 6 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We met 10 people who used the service and four relatives. We spoke with 23 people and five relatives on the phone. We also spoke with six members of staff. The registered manager and operations manager were available throughout the inspection.

During the inspection visit we looked at a number of records which included ten care and support plans,

three staff files, minutes of staff meetings and records of staff training.

Is the service safe?

Our findings

People felt safe with the service and the staff who supported them. One person told us, "I feel totally safe with the staff who come to me." Another person said, "We always feel comfortable and safe with the staff they send."

Most people had regular staff to support them but some people told us they may have different staff visit them at weekends. One person said, "They wear a uniform and carry ID so you feel safe in that way." Some people told us that not knowing who would be visiting them sometimes made them feel anxious.

Risks of abuse to people were minimised because the provider had systems to make sure only suitable staff were employed. There was a robust recruitment process which ensured staff were thoroughly checked before they began work at the agency.

People were further protected because staff received training about safeguarding vulnerable adults and children. Staff knew how to report concerns and all said they would be listened to if they reported anything to their supervisors. Where concerns had been raised the provider had worked with the relevant authorities to make sure people were protected.

There were sufficient staff employed to make sure people received the care and support they required. Some people told us there had been occasions when the service had been unable to supply staff to them, or they had not had support at their preferred time. However most people felt that this had improved in recent months. One person told us, "It's changed recently, it's wonderful now." The registered manager informed us that recruitment had been difficult but this was going to be addressed through the use of a recruitment agency.

The provider learnt from mistakes and took action to address issues. For example, if a visit was missed without prior arrangement, the registered manager completed a critical incident form. These forms looked at what had gone wrong and what lessons could be learnt to make sure it did not happen again. Some missed calls were the result of poor communication between office staff and community support workers. The registered manager was therefore working to improve communication.

The provider carried out risk assessments with people to minimise risks to people using the service and staff. This was to make sure people received their care and support in a way that minimised risks but supported their independence and freedom of choice. These included risks associated with people's care and their home environment. Staff were provided with personal protective equipment, such as disposable gloves and aprons, to help to minimise the risks of the spread of infection.

People had their mobility needs assessed and, where required, risk assessments outlined the number of staff required to safely support them. For example, some people required to be assisted to move using a mechanical hoist. The risk assessments stated that two people were needed to safely use the equipment. In some situations, people's family members had been trained to assist a member of staff and in other

instances two members of staff supported the person.

Care staff administered medicines to some people. All staff had received training and had their competency in this area assessed to make sure their practice was safe. Where staff administered medicines to people, records were kept to show when these medicines were administered or refused. This allowed the effectiveness of prescribed medicines to be monitored.

In one situation staff had changed a person's visit times so medicines could be given at a more appropriate time. The person told us how much this had improved their quality of life.

Risk assessments were carried out when people chose to take responsibility for their own medicines which helped people to remain independent. One person told us they administered their own tablets but staff helped them with prescribed creams. They said, "It works well." Another person said although they took responsibility for their own medicines, their care worker always checked with them that they had taken their medicines correctly. They told us, "It's nice to know they are checking too. It helps me to be independent."

Is the service effective?

Our findings

People received effective care and support from staff who had the correct training and experience to meet their needs. People were confident staff had the skills required to effectively support them. One person said, "Every one of them [staff] is very good. I have no complaints." Another person told us, "I trust them and feel confident with them."

All new staff completed induction training, from a dedicated trainer, and had opportunities to shadow more experienced staff. This helped to make sure people were only cared for by staff who knew how to effectively support them. One member of staff told us, "I had a brilliant induction. It was thorough."

Where people had specific needs, relating to health conditions or communication, staff received specialist training. For example, one person who the service had supported, communicated using British Sign Language and a small number of staff had received specific training to help them to effectively communicate with the person. Another person had a health condition which meant they required very specialist help and again staff had received training to support them.

Staff responded to people's healthcare needs to make sure they received the help and treatment they required. Where people were receiving help following a period in hospital, the staff liaised with other professionals such as physiotherapists, to support people to regain their independence.

Staff told us they made sure people had the equipment they needed and supported them to gain confidence. One member of staff told us about a person who had lost confidence with walking whilst in hospital. The staff member said the staff visiting the person assisted them to walk a little at each visit and they were gradually becoming more confident.

One person told us how staff had supported them to seek support for a particular health need which they felt affected their dignity and ability to socialise. Another person praised the support staff had given them when they had been unwell. They said, "The carer came when the ambulance was here. They stayed with me until everything was sorted. It was a great comfort."

People only received care and support with their consent. People we spoke with told us all staff always asked if they were happy to receive care. Care plans contained written consent agreements showing people gave consent to receive the service.

People's needs were assessed with them and care plans were created to show how the person's needs would be met. Care plans we read were very personal to the individual and their particular choices and abilities. This ensured staff had the information they required to meet people's needs and wishes.

People could be confident they would receive a service which respected their particular lifestyle choices, abilities and beliefs. Staff provided a service which valued everyone and did not discriminate against people. One member of staff told us, "Our job is to enable people to live the life they want to live. We are not here to

judge and we respect people as individuals."

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. Staff liaised with people's personal and professional representatives if they felt a person lacked the mental capacity to make a decision. This helped to ensure any decisions made were in the person's best interests. The minutes of a recent staff meeting showed there had been a discussion about the mental capacity act and safeguarding. This helped to ensure staff knew how to promote people's legal rights.

Some people had visits to help them with meals and drinks. Where people's food intake needed to be monitored staff recorded what the person had eaten in their record of the visit.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Comments from people included; "I cannot fault my carer, I would give them 12 out of 10," "They are all kind. If I ever had someone who wasn't kind I would tell them" and "They are all pleasant and polite."

People, who had regular staff, had built friendships with the staff who supported them and said they enjoyed their visits. One person told us, "I look forward to their visits because it's nice to see someone." Another person said, "We have built a good friendship. I feel safe and relaxed with them." One person commented, "It's important to have a laugh with them."

The service helped people to maintain their independence in their own homes. One person said, "I don't know what we would do without them. We wouldn't manage. I appreciate them very much." One relative had written to the service saying, "Your girls have often been the only bright spot in their day. They could not have survived so long at home without their attention, expertise and kindness."

Care staff provided care and support that was individual to the person and demonstrated their kindness. One person told us, "They post letters for me. If they get me something from the shop they will drop it in the same day if they are passing." One person told us how staff had helped them to wash their hair following an operation which made it difficult for them to be independent.

There were occasions when staff went over and above their job role to make sure people were supported. During a period of bad weather some staff, including office based staff, walked for several miles in the snow to make sure people were safe. We heard that one member of staff took a person they supported shopping and then accompanied them to a lunch club. Other members of staff did personal shopping and collected meals, such as fish and chips for some people.

People were treated with respect and dignity. Everyone we asked said staff treated them and their home respectfully. One person said, "They even ask if they want to use the toilet when they are here." Another person said, "I think they are respectful and treat me with respect."

Staff respected people's privacy and made sure they were always comfortable with the staff who supported them. One person told us they had asked to have a female carer to assist them with personal care and this was always provided. They told us they needed help to get into the shower but staff respected their wish to be independent. They told us, "Once I'm in they close the door and wait for me to tell them I'm ready to get out."

People felt fully involved in planning their care and were able to make decisions about how their support was provided. One person told us, "I am fully involved in the care plan." Another person said, "I have been actively involved in my care planning."

The provider was committed to seeking people's views and enabling them to influence how the agency was

run. The service was looking at ways in which people could be more engaged in the running of the service. They had sent out questionnaires to people to gauge their wishes about the level of involvement they would like to have, and were planning to set up customer forums in the future.

Is the service responsive?

Our findings

People received a service which was mostly responsive to their needs and preferences.

People had care plans which gave details about the care they wished to receive and how staff should support them. Care plans gave very detailed information about the tasks people required help with. One person told us exactly how they liked staff to support them with personal care and we saw this matched the detail in their care plan. This meant staff visiting the person knew exactly how they wanted to be helped.

People's care plans were regularly reviewed with them to make sure they continued to be reflective of their needs, home circumstances and wishes. One person told us when they started using the service they had required a number of visits a day but, as their health and well-being had improved, the number of visits had reduced to recognise their increased abilities and independence.

The service was able to provide care to people at the end of lives which supported people to remain in their own homes if that was where they choose to be. Staff told us they received training to enable them to effectively care for people at this time and only staff who had received the training carried out this role. Staff liaised with other professionals to ensure people's dignity and comfort.

People could be confident they would receive compassionate care at the end of their lives. We heard how staff had stayed with a person on Christmas day supporting the person and their relative. The staff stayed for three hours until the person died. A relative of the person had written to the agency saying, "They truly are amazing." Another relative had written following the care their loved one had received to say, "You did a first-class job and we shall never forget it."

The service was flexible to meet people's needs and personal circumstances. For example, one person told us the service fitted visits around them which enabled them to attend a religious group which was important to them. One person said they often went out with friends or family and staff accommodated this. They said, "Sometimes, say if I'm going out, I have to cancel my lunchtime visit and they will do it for me so I don't need to worry."

However, a number of people told us they did not always receive their care visits at the correct time which made it difficult to plan their day. One person said "The staff are nice enough. They come at wrong times though sometimes so it's frustrating." Another person told us "Staff are generally all nice when they come - we just don't always know who is coming which worries us at times or we don't know what time they will actually come." The registered manager and provider were aware of these issues and were taking action to address them

People felt they could raise concerns with the staff who supported them or the community team supervisors. People we spoke with felt their concerns and issues were listened to and addressed. One person told us they had complained about a member of staff who visited them and appropriate action had been taken. Another person told us they had asked to change the member of staff who came to them and

their relative had dealt with this. The relative told us, "I rang up because I could see it wasn't working although they were a brilliant carer."

The agency had a formal complaints procedure and complaints were dealt with in agreed timescales. Where complaints had been made there was evidence to show that investigations had been carried out and appropriate action was taken to address issues. Actions taken included reflective practice for staff and use of the provider's disciplinary process. Following investigations, letters were written to the complainant to explain the actions taken and to apologise if it was found the service had not been to the required standard.

Is the service well-led?

Our findings

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.

The registered manager was appropriately skilled and experienced to manage the agency. They had notified the Care Quality Commission of significant events in line with their legal responsibilities

The service was well led and identified areas for improvement to make sure people received a good standard of care and support. There were effective quality assurance systems in place which included seeking people's views, auditing records and carrying out frequent spot checks on staff working in the community. Issues raised with us during the inspection had been identified by the provider and they had begun to take action to address them.

One of the main causes of concern for people was poor communication from the office based staff. This had resulted in people not knowing the times of their visits had been changed and some staff not receiving details of their work which had resulted in missed visits. In response to this the registered manager had worked with all staff to highlight the importance of communication. The provider had increased the frequency of newsletters to staff to further improve communication.

The provider was in the process of introducing a new electronic rota and care planning system which they had piloted in other areas. The system enables care staff to have live information regarding their rota and up to date care plans through a smart phone. The smart phone would be linked to the office so staff who planned care could see when staff had started and completed a visit. It was felt the system would further improve communication and eradicate missed visits as any unmade visits would be instantly alerted to the office staff who could then take action immediately. In one area where the system had been piloted there had been no missed visits since it was introduced.

The service had found it hard to recruit new staff and in response to this the provider had made contact with a recruitment agency to address this issue. The provider had systems in place which offered incentives to staff for staying with the agency, introducing new staff and recognition of qualifications gained.

The registered manager had also implemented small changes to make sure staff felt valued and listened to which they hoped would result in improved staff retention. For example, if the agency received a compliment, about a particular member of staff, the registered manager wrote to the staff member to thank them for their work. One staff member had suggested a change in uniform to make it more comfortable in the hot weather and this suggestion had been put into practice.

The registered manager was open and approachable. They had moved into the main area of the office to make them more accessible to staff and they held a monthly 'pop in' session for anyone who wished to

speak with them. They had also introduced a forum for new staff so they could discuss any issues they were unsure of and get support from colleagues.

There was a clear staffing structure which meant that all staff had a senior member of staff who supervised and supported them. It also meant people had access to senior staff who understood their needs and were able to respond to any concerns they had.

There was an open and transparent culture within the service which was keen to work with other professionals and involve people who used the service in the running of the agency. The mission statement was "To enhance quality of life and promote independence for people needing care and support." People we spoke with gave feedback which showed the staff put this ethos into practice. One person told us, "I want to stay independent and they help me to do that." Another person told us the community team supervisor had spent over two hours with them to make sure their package of care was improved which led to a great improvement in their well-being. They told us the support they now received had enabled them to do things they, "Had not been able to do for years."

The agency had systems in place to respond to difficult situations such as adverse weather. When people began to use the service, they carried out risk assessments with people to establish who would be able to cope without support if the agency was experiencing difficulties. For example, some people who lived with another person may be able to cope for a short period of time if staff were unable to reach them. In the extreme weather earlier in the year this plan had been put into practice to maintain people's safety.