Cleeve Hill Healthcare Limited

Swindon Link Homecare

Inspection report

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21 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

Swindon Link Homecare provides personal care and support to people living in their own homes in Swindon and the surrounding areas. At the time of our inspection 222 people were using the service.

The inspection took place on the 21 September 2016 and was announced, which meant the provider knew before the inspection we would be visiting. This was because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was employed by the service. 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 available throughout the inspection.

Whilst there were systems in place to ensure people received their medicines safely, administration records we reviewed were not always completed. Daily records did not contain information to say why medicines may not have been given and did not document if any actions had been taken to address the gaps in recording. This meant it was not always possible to confirm if people had received their medicines as prescribed.

People received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received. People, relatives and staff spoke positively about the management of the service. Staff felt supported and confident in raising concerns and felt the registered manager, deputy manager or office staff would act on these.

People were treated with dignity and respect. People and their relatives told us staff were kind, caring and respected their right to privacy. Care plans were person centred and contained evidence that people and/or their relative had been involved in the planning of care and support. Staff told us they monitored people's health and wellbeing and any changes or concerns were reported to the office staff, relatives and where appropriate healthcare professionals.

Staff were aware of the types of abuse people may be at risk of and the actions to take if they suspected someone was at risk of harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

People received their care at the correct time. The service, where possible, tried to ensure people received care and support from the same members of staff to ensure consistency of care.

There were enough staff deployed to fully meet people's health and social care needs. Appropriate

recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff received training and support from management to ensure they had the right knowledge and skills to meet people's needs.

The service was working within the principles of the Mental Capacity Act 2005. Records showed people were asked for their consent before personal care was provided.

Staff working in the service had access to personal protective equipment (PPE) such as gloves and aprons to help prevent cross contamination and promote infection control.

People and their relatives told us they knew how to raise any concerns or make complaints should the need arise. The registered manager investigated complaints and concerns The registered manager sought feedback from people to ensure the quality of care was maintained. People, their relatives and staff were supported and encouraged to share their views. Quality assurance systems were in place to monitor the quality of service being delivered.

We a found breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Whilst there were policies in place to support safe medicines management, records relating to the administration of medicines were not always completed.

People were protected from the risks of harm or potential abuse. Risks to the health, safety or well-being of people who used the service were assessed and plans put in place to manage these risks.

Staff had the knowledge and confidence to identify safeguarding concerns and what actions to take should they suspect abuse was taking place.

Is the service effective?

Good

This service was effective.

People received support with nutrition and hydration where necessary.

Records showed staff had received the required training to do their jobs effectively. Staff spoke positively about training opportunities.

Staff had an understanding of the Mental Capacity Act 2005 and explained how they supported people to make decisions regarding their daily living.

Is the service caring?

Good

This service was caring.

People and relatives spoke positively about the care and support they received.

People were involved in the planning of how they wished to receive their care.

People told us they were treated with dignity and respect. They

said they received care from staff who were kind, caring and helpful.

Is the service responsive?

Good

This service was responsive.

Care plans were person centred and written in a clear and comprehensive way so they were easily understood by staff providing support.

People were aware of their care plans and were involved in the reviewing of their care and support needs.

People and/or their relatives said they were able to speak with staff or the manager if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

Is the service well-led?

Good

This service was well-led.

Quality assurance systems were in place to monitor the quality of service being delivered.

There was a registered manager in post who made themselves available to the people who used the service and staff. They had clear ideas about the standard of service people should be provided with.

Staff told us they enjoyed working for the service and felt supported by the registered manager, deputy manager and office staff.

Swindon Link Homecare

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 21 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with 13 people who used the service and relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, deputy manager, administration staff and five care staff.

Requires Improvement

Is the service safe?

Our findings

Whilst there were systems in place to ensure people received their medicines safely, administration records we reviewed were not always completed. During our inspection we viewed the medicines administration records (MAR) for four people who used the service. Medicines records were incomplete because staff had not signed to confirm prescribed medicines had been given. Daily records for people did not contain information to say why medicines may not have been given and did not document if any actions had been taken to address the gaps in recording. In some cases daily records confirmed the medicines had been given, but the MAR did not correspond with the daily records. This meant it was not always possible to confirm if people had received their medicines as prescribed. We saw in the provider's audit of medicines undertaken in June 2016 that gaps in recording had been identified and actions taken to address this with staff. However MARs for July and August 2016 still continued to have gaps in the recording. We discussed this with the registered manager who had not identified these gaps as she had sampled different people's records. She stated she would review these gaps in recording.

These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered and disposed of in line with the providers procedures. Records showed that staff had undertaken training in the safe administration of medicines and had completed a competency assessment before being able to administer people's medicines.

People were safe because they were protected from avoidable harm and potential abuse. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon.

Risks to people's health and safety were assessed and management plans put in place and reviewed regularly. Risk assessments included an assessment of the person's environment and equipment and any potential risks relating to falls, safe moving and handling and medicines management. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

People and relatives we spoke with had no concerns about the service. Their comments included "I feel safe, they are well trained, and they just know what to do. They help me and take me out and this makes me feel safe", "I feel safe, they talk to me and make me feel comfortable and I feel I know them" and "Yes my wife feels safe, nothing in particular really that they do, they are all capable, we have been with them for some time now".

There was enough qualified, skilled and experienced staff to meet people's needs. The deputy manager

explained how the roster was completed to ensure there were always sufficient staff members on duty and cover was sought when necessary. Staff rotas were completed according to location to try and ensure consistency of staff. Most people and their relatives told us staff arrived on time and stayed for the right amount of time. Their comments included "They are on time, and are very good with this. They will call if they are late", "They are generally on time pretty much" and "Timekeeping is fine; it's usually the traffic and the distances they have to cover from one client to the next".

The service had a system were staff logged in and out at each visit which enabled supervisors who were office based, to check staff were on time and to track the duration of visits. This enabled them to identify if calls had been missed or staff had not stayed for the allocated time and to take appropriate action as needed.

Staff were able to explain the steps they would take if they were unable to gain access to a person's home. This meant staff were clear about their responsibilities to ensure people's safety in such situations.

We saw safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service.

Good

Is the service effective?

Our findings

People and their relatives told us they were mostly confident about the capabilities of the staff who visited. They told us "Yes they know what they are doing. I can ask them anything too", "Yes they are well trained; they are able to take me to my classes and out shopping. They chat to me and do what I need them to do", "They get me up, help me to bed. My morning and evening carers are good they know what to do. My afternoon carers are not regular so sometimes I have new carers and they don't know what to do, so I have to tell them. I have to explain. This happens weekly. Most of the time they are adequately trained" and "If there are new carers then I stand and make sure I'm satisfied with their care and handling of mum. I've had cause to complain in the past. We have one carer who is always familiar with mum out of the two. Otherwise mum gets confused. It's improving and the girls are pleasant but they need more training".

Staff received regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider, such as safe medicines management, safeguarding, infection control, manual handling and health and safety.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Supervisors who were office based undertook unannounced visits to observe the working practices of staff. The registered manager explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

Staff spoke positively about the training and support they received. Comments included, "I get loads of training which includes refreshers. Yes I get regular supervisions and feel I get enough support" and "I get enough training I've just done my updates. I'm just doing my NVQ".

Staff supported some people at mealtimes to have food and drink of their choice. People's nutritional intake was monitored where required. Care staff completed daily notes which recorded what meals they had prepared and where required how much people had eaten. People's food and fluid intake was recorded for every call where food or drink was prepared. This helped staff monitor the person's intake and identify whether people needed increased support in this area. People's care plans contained guidance about people's nutritional requirements. For example in one person's care plan it stated the person was on a soft diet and needed to be encouraged to drink in between mouthfuls to reduce the risk of choking.

Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the supervisors in the office and make a record in the daily notes. One staff member told us "If I have any concerns I would report back to the office. Where I had concerns about one person's eating, I made sure I recorded this for the next carer so we could monitor the situation and also they could try and encourage

them to eat during their visit.

Staff told us they monitored people's health and wellbeing and any changes or concerns were recorded and reported to the office staff, relatives and where appropriate healthcare professionals. One staff member told us "I recently had concerns about one of the ladies I visit so I contacted the district nurses to get her on the list to be seen. I wrote it in the care plan and let the office know".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any DoLS applications must be made to the court of protection.

The registered manager was aware of their responsibilities in respect of this legislation. They explained the local authority were responsible for completing any capacity assessments relating to the person consenting to care and treatment received by Swindon Link. They said any concerns they had relating to a person's capacity would be reported to the local authority. This may then lead to a meeting being held with the person's representatives and health and social care professionals to discuss what might be needed in the person's best interest. Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people with making choices about their daily living.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care staff or team of care staff. People and their relatives spoke positively about the care and support provided by care staff. Their comments included "The carers are lovely, they are polite and happy. I feel comfortable in asking them if I need anything at all. They are always ready to help. We chat and they ask me how I am, and are always ready to help.' 'The carers do change quite often; I have a rota so I know who is coming. It comes a week in advance", "They are great and wonderful. They are like my friends. Are very helpful. I have the same regular carers. I can ask them anything" and "I have the same carers and they are very good. 'I feel comfortable in talking to them; I have a rapport with them. It does help when you have consistency in the care. I do miss them if they're on holiday, they have a caring attitude".

People told us that staff treated them with respect and compassion. Staff spoke with kindness and respect and had a good knowledge and understanding of people's needs. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with enthusiasm and were passionate about providing a good quality service to people. They told us "I know the people I visit really well. We get the opportunity to build relationships. I love working here", "I always make time to chat to people so I can get to know their ways and build relationships. I absolutely love my job" and "I'm really enjoying the job. We get time to make sure tasks are done and are not rushed".

Staff were aware of the importance of maintaining people's privacy and dignity. They could describe how they gave people choice about how they wanted their care delivered. For example asking how people were before proceeding with care, knocking before entering someone's room and ensuring the person knew what care was going to take place such as a bath or shower and checking they were ready.

Staff were aware of the importance of maintaining people's privacy and dignity. They could describe how they gave people choice about how they wanted their care delivered. For example, asking how people were before proceeding with care, knocking before entering someone's room and ensuring the person knew what care was going to take place such as a bath or shower and checking they were ready. Comments from staff included "I make sure there are no family members around, doors are closed and I talk with the person whilst I am giving them care" and "I always treat people as individuals and make sure I give care in line with their preferences. I would make sure they were covered and doors were closed whilst giving personal care.

Comments from people and their relatives included, "Yes they are good with my privacy. The doors are shut and I feel comfortable", Yes my privacy is respected. I feel comfortable. They talk to me and I don't feel awkward", "Oh yes they are sensitive towards me, are gentle and don't rush me" and "Yes my wife seems to be fine. She is bedridden and has a body wash. They cover her and wash as they go along".

People and/or their relatives had signed to say they agreed with the content of their care plan and staff who were office based regularly asked about their care and support needs so their care plans could be updated as people's needs changed. One person told us "Yes I have a care plan. I'm happy with it and it's reviewed

every three to four months.

Good

Is the service responsive?

Our findings

People were involved in decisions about their care. Assessments were carried out with people prior to them receiving services. Assessments included gathering information on people's mobility, nutritional, medicines and social care needs. For example one person's assessment provided guidance of how they should be supported with their nutrition to ensure their health needs were maintained.

The information gathered during the assessment was used to develop detailed care plans that identified people's care and support needs. For example, one person's care plan documented how they liked to receive their care and support, which included aspects of care needs such as personal hygiene and safe moving and handling. The plan detailed their food preferences and what channel staff should leave the television on at the end of their visit. This guidance ensured staff had the information they needed to meet the person's needs during each planned care visit.

People and relatives said they had been consulted about the planning of care. Their comments included "Yes I have a care plan. It's reviewed once a year. Myself and my husband are involved with this. We are happy with it", "There is a care plan which we were involved with and are happy with" and "Yes I have a care plan. I'm happy with it and it's reviewed every three to four months". Staff confirmed that each person had a care file in their home which they had access to. One staff member told us "Everyone has a care plan in place which I always make sure I read. I also look at the daily notes to see what has happened during the last visits".

Daily care records were completed by staff at the end of each care visit. These recorded the times of each staff members visit and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The records detailed any changes to people's health and actions the staff member may have taken. For example, informing the family or calling the GP. Staff were also able to share information with staff due to provide subsequent care. For example, one member of staff explained how if someone had not eaten very well they would leave a note for the next carer to make the aware of the situation and to ensure they encouraged the person to eat or drink.

The registered manager had a log of compliments and concerns they had received prior to our inspection. There was a procedure in place which outlined how the provider would respond to complaints. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. All had been resolved to people's satisfaction. People and their relatives told us they knew how to make a complaint. Comments included "I did make a complaint once because the carer's timekeeping was not good. The carer was either coming too late or too early. It has not happened again" and "yes I have had to make a complaint in the past. It's the continuity; it's interrupted by the holidays when replacements are sent who are not used to my wife".

Good

Is the service well-led?

Our findings

People and their relatives were mostly complimentary of the service provided by Swindon Link. Their comments included "Nothing that I can think of needs improving, it's a very good service, they are very helpful and this is what they do well", "The service is fine, the care is good and they are looking after me" and "The care is good, they are doing what they can and I am grateful". One person told us "It's an okay service, but things need improving. There needs to be more consistency with the carers, especially with when the carers are going on holiday or having time off". The deputy manager explained that where they could they tried to ensure people received their care and support from the same care staff.

Roles and responsibilities of individual staff members were clear and understood by all staff. The service was led by the registered manager. A registered manager is a person who has registered with CQC to manage the service. They were directly supported by a deputy manager and a team of office based staff. Staff were aware of the organisations visions and values. They told us their role was to support people and provide good care. One staff member told us "I love working here and I get plenty of support". Another staff member told us "I can talk about any problems I'm having and get help. The door is always open". Staff said they felt supported by the registered manager, deputy manager and staff based in the office and could raise any concerns they had regarding their work.

Supervisors based in the office spent time observing staff to give them feedback on their performance. There were records of active observations which focused on how the member of staff had interacted with the person they were supporting. The registered manager explained that this constructive feedback helped to ensure staff followed best practice when supporting people.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

The views of the people using the service and their relatives were sought by the registered manager to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competencies. Feedback was sought throughout the year via telephone surveys and during people's review of their care. Comments from people included "The branch recruit carers that I feel safe with" and "I am impressed by the professionalism, kindness and attention to detail paid by staff".

The service had quality assurance processes in place. Each day staff completed daily records of the care

they had provided during each visit that included details of any concerns or issues they had identified. A sample of these records were reviewed each month by the registered manager to ensure care provided reflected the guidance in the person's care plan and to ensure correct processes had been followed.

The registered manager carried out audits throughout the year to assure themselves of the quality and safety of the service people received. For example, the registered manager reported on complaints, supervisions and appraisals undertaken, risk management, care planning and reporting processes. Whenever necessary, action plans were put in place to address the improvements needed.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. The provider had a business continuity plan in place to ensure the service could still run if emergencies arose.