Somerset Care Limited

Somerset Care Community (West Somerset)

Inspection report

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Ratings

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

Overall summary

We carried out an announced inspection of Somerset Care Community (West Somerset) that began on 9 December 2014.

The service has 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. At our last inspection on 11th December 2013 the service was meeting the regulations.

Somerset Care Community provides personal care services to people in their own homes. At the time of the

Summary of findings

inspection 227 were receiving personal care. Some people also received support with shopping and cleaning. These activities are not regulated by us and form no part of the inspection.

People were kept safe and free from harm however there were not always appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff sickness and unplanned absences meant that at times calls were late. People were also sometimes asked if they were able to manage without a call which had been planned. A significant number of people told us they had experienced problems with late calls or missed visits.

People's risks were well managed by assessments of risk being undertaken and information provided to reduce the risks.

Staff knew people they were supporting most of the time and provided a personalised service planned to meet their needs. Apart from one instance care plans were in place detailing how people wished to be supported and involved in making decisions about their care. When people had regular staff they looked forward to them coming to their homes.

Staff received regular training and were knowledgeable about their roles and responsibilities. People told us staff had the skills, knowledge and experience required to provide effective care. .

People were supported to eat and drink when this was part of their support plan. Staff liaised with GPs and other healthcare professionals as required to meet people's needs. They responded to people's health problems and requested appropriate assistance from other health professionals.

The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

The service had a quality assurance programme developed and implemented by the provider. The system was based around "themed conversations" with people and staff and was completed on a quarterly basis. Planning of care and out of hours support had been identified as areas to be improved by the re-organisation but this had not been achieved yet.

Feedback from people and relatives during the inspection indicated that the provider had not been able to take enough steps to resolve the issues regarding irregular carers, late and missed calls to people.

Summary of findings

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

The service was not completely safe because there were insufficient staff available at all times to meet people's needs in a consistent manner.

There were processes in place to help to make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

People's risks were well managed by assessments of risk being undertaken and information provided to reduce the risks.

Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Is the service effective?

Good

The service was effective. People received effective care that met their needs. People experienced positive outcomes as a result of the service they received.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the Mental Capacity Act 2005.

Staff supported people to access healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

People who used the service told us they liked the staff. They said staff were polite and kind to them.

Staff were respectful of people's privacy and promoted their independence.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement

The service was not fully responsive because people were concerned about the lateness of calls and some missed calls.

Care plans were in place outlining people's care and support needs. Staffs were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make some choices about who supported them. They felt able to make complaints and express their opinion about the service they received.

Summary of findings

Is the service well-led?

The service was well-led however the provider had not been able to address problems with care staff that led to missed and late calls to people.

Staff were supported by their manager. There was open communications within the staff team. Staff felt comfortable discussing concerns with their manager.

The manager regularly checked the quality of the service provided to make sure people were happy with the service they received.

Requires Improvement

Somerset Care Community (West Somerset)

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 in the service office on 9 December, 18 December and 31 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure we could meet the manager and staff during the day. We also visited people in their homes on 17 December 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This document enables the provider to give 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 information we held about the service before the inspection visit. At our last inspection on 11th December 2014 we did not identify any concerns with the care provided to people. However we have received concerns about staff shortages and missed calls during the autumn of 2014.

During the inspection we went to the provider's office and spoke to the manager and members of the service management and supervisory team. We spoke to care staff. We reviewed the care records of six people. We reviewed the records of six staff and records relating to the management of the service.

We visited four people in their own homes and contacted 40 people to ask their views of the service they received. We were able to speak to 32 people or their relatives. Four social care professionals gave us their view of the service.

Summary here>

Requires Improvement

Is the service safe?

Our findings

There had been occasions when staff shortages had impacted on the service's ability to deliver care to people as planned. On one occasion a significant number of calls were missed as a result of an unexpected acute staff shortage. People were informed of the crisis and received a letter of apology from the service. There was no evidence that people came to harm from this incident. We made visits to the service near to Christmas. We were told by the manager on one day 15 staff who were expected to work were not able to due to sickness. This put a severe strain on the service.

We had been contacted before the inspection and told there were not enough staff and calls were being missed. Staff said they were asked to take on extra calls and did feel they were under pressure to work extra hours. During the inspection people told us their staff were often late. They said they were very busy and often had to work additional hours. The manager told us they were recruiting more staff but also explained staff shortage was sometimes created by changes to the number of staff available to work.

People told us there had been occasions when they had been contacted and asked if they were able to manage without a call. People said they tried to manage but were always anxious when a call was not made. One person said "I can manage but it is difficult."

There were not always enough staff to cover calls with a regular team. People were not informed about staff changes and who might be visiting them. The planners were often trying to find staff at very short notice to cover calls. This meant they were not able to consider the skills, competence or experience of staff when arranging for them to cover a call. One person said "They help me a lot. It would be nice to know who was coming. You see a nice one but you never know when they will be back. They don't seem to know themselves."

People told us they preferred regular carers who knew them well. Most people told us they had regular carers or regular carers most of the time. Other people did not have a regular team. "I don't know who is coming. I get different ones all the time."

We looked at records to evaluate the number of regular care staff people received. We looked at the rotas of visits to four people. Three records were for people who received 28 visits per week from care staff. One person had 16 visits per week from two staff. The remaining 12 visits were made by 9 staff. The other person had 11 visits from one staff member. The remaining visits were covered by 9 staff 6 of whom visited just once. The third person had dementia. Their rota showed two staff visited six times each. The remaining 16 calls were made by 7 members of staff. Both staff and people receiving a service said they preferred regular calls.

On one occasion a person with dementia was asked by the out of hours service if they were able to put themselves to bed. The person said they were able to do this but then spent the night in the chair. The out of hours team were not aware of this person's needs sufficiently to ensure their safety. We spoke to a friend of this person who confirmed there had been no further incidents.

While some people were stoical about the lack of continuity of care staff and were pleased with"whoever turns up" other people and their relatives were not satisfied. One relative told us when care staff were not regular they did not know how to care for their family member. They said they had to tell the infrequent carers so much they did not have any respite from the responsibility of caring.

People told us they felt safe using the service. One person said "I do feel safe. Very safe." Other people told us of the practical tasks the care staff did to keep them safe. We heard staff locked up reliably and "checked everything was ok before they left."

Risks of abuse to people were minimised because safeguarding training was provided to all staff during induction and up-dated annually in team meetings. When a staff questionnaire identified some staff were confused about aspects of the safeguarding procedures we saw prompt and appropriate action had been taken in the form of additional training.

There were processes in place to help to make sure people were protected from the risk of abuse and staff told us they were aware of safeguarding vulnerable adults procedures. The manager kept us informed of any safeguarding concerns identified and appropriate action was taken. For example following one safeguarding alert the provider worked with other agencies to ensure the care the person

Requires Improvement

Is the service safe?

received was personal to them and met their changing needs. We spoke with this person who confirmed the actions agreed in the safeguarding action plan had been put in place.

When a person's support plan was initially devised risk assessments were undertaken which related to the person's needs and environment. These assessments were included in the completed care plans. Risk assessments related to people's mobility were clear and gave information about the number of staff and equipment required to move a person safely. One person told us how support had been organised so they could carry out daily activities safely while maintaining their independence.

The registered manager told us in their PIR they had a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults and children. We talked to newly recruited staff about the recruitment process and heard it included an on-line assessment to help determine their suitability to be a member of staff. Staff files contained evidence of a thorough recruitment process and showed checks had been received before new staff started work.

The induction programme had been changed recently from two weeks to three weeks following staff feedback. The staff supervisor told us the training was "pretty good." Shadow shifts and regular supervisions were used to support new staff.

People were supported to take medicines by staff who had received specific training in this area. Safe handling of medicines training was provided for all staff during induction. The training materials used were comprehensive and enabled staff to prompt and administer medicines. There was an assessment of knowledge and practice assessment. Staff received training up-dates each year as part of their planned staff meetings.

The provider had a procedure in place to be followed in the event of a medication error. The manager told us in the PIR there had been 10 medication errors in 2014. We saw written evidence the procedure was followed following an error. When the medication error occurred the staff member received supervision and additional training. They did not begin administering medication again until deemed to be competent by their line manager.

Good

Is the service effective?

Our findings

The majority of people told us they received effective care and support from staff who had the knowledge and skills required to meet their needs. People told us: "Overall I am satisfied."; "They are very good. I am quite satisfied."; "They are very good. Lovely service. I can't complain."; "They are fine. Absolutely fine." Some said their care was effective in enabling them to stay in their own homes. Others talked about the importance of the social contact staff made with them

We spoke to 32 people who told us how varied their care was and how it met their needs. Some people received a weekly visit to assist them to have a bath and lived independent lives. Others needed four visits a day from two carers to remain in their own homes. We spoke with relatives who were the main carers for family members. Whilst most families were pleased with the assistance they received two people told us how unsatisfactory their experience had been. One family decided to have care from another provider. The customer services supervisor worked with the other family to try resolve the issues.

People said staff were well trained. One person added "even the new ones." The staff we spoke with had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that effectively met people's needs and was personalised to their wishes and preferences. However rotas of care visits showed that some staff visited people infrequently. This meant staff learnt about people's needs by reading their care plans and asking them about their needs.

We heard from one person about the additional training staff had received to enable them to deliver their specialist care. They told us how important it was to have their team of trained carers. One relative told us they were anxious when new care staff attended because they were not sure they would know what to do.

A staff questionnaire was sent out to staff in September/ October 2014. The majority of staff stated they had regular appraisals and felt supported. Records of staff meetings included training up-dates and provided an opportunity to discuss care practice. Mandatory staff training included manual handling, safeguarding and health and safety. Records of supervisions showed poor reliability or performance issues were addressed with staff.

Newly recruited staff told us they had undergone a thorough induction. The programme was comprehensive and comprised theoretical training and supervised practice. The induction programme had recently been increased to three weeks and staff had the opportunity to request further support before they worked alone.

Staff responded to changes in people's health and took action. They contacted the office who would contact a relative or call a doctor. We visited one person who was not as well as usual. The member of staff listened to the person and supported them to take some pain relief. They informed the office the person was unwell. Before leaving they checked the person was more comfortable and had all they needed.

Additional information was included in people's care plans about their physical and mental health conditions. This enabled staff to understand more fully how they might be feeling and also to recognise when their health might be changing.

Staff supported people to eat and drink according to their care plan. There was detailed guidance in some plans telling staff exactly how a person's meal was to be cooked and served. For example the importance of small portions or leaving drinks and sandwiches for people to be eaten later in the day.

Each person gave their written consent to care when they began to use the service. Amendments or reviews of care were also discussed and signed when recorded on the plan. Staff told us they always checked with people before beginning to support them to ensure it was what the person wanted at that time. We saw when we visited people with a member of staff that they continually checked with the person that they were happy with the carer's actions.

Staff received training on the Mental Capacity Act 2005 during induction and at annual up-dates. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The manager understood how to make sure people who

Good

Is the service effective?

did not have mental capacity to make decisions for themselves had their legal rights protected. Staff understood how the Mental Capacity Act could have an impact on them and the people they cared for.

Good

Is the service caring?

Our findings

Most people who used the service and their relatives were very positive about the actions of the care staff and their interactions with them. When people were not satisfied with the service they said it was "not about the carers." We spoke with 32 people who all confirmed staff were kind and polite to them. People were particularly happy with their regular care staff.

People told us: "The carers are lovely. They do the best job they can."; "They are very polite and kind. They are always helping. The actual girls are brilliant." "I have never had one that wasn't good." Some people mentioned how they valued the assistance of male staff. "I have a great chap. He always makes sure I am alright before he leaves. He checks there is nothing else I need."

People praised individual staff by name and all valued staff consistency in their care team. "I do have my own team of carers. I would feel nervous with a stranger. I know the team well. There is a young one who has just started. She needs to read the book but she is doing well. The care plan has everything written down."

Another person told us they had had the same member of staff for four years except at weekends. They said "I think of them as a friend now." Some staff were "better than others" but overall people found the staff to be polite, kind and willing to help. People told us about individual kindnesses that showed the staff understood what was important to people.

Most relatives valued the kindness shown to their family. "They are reliable, polite and kind. They take a load off my mind." We saw the majority of the 13 compliments sent to the service in 2014 were praising regular care staff. People wanted the service to know that certain carers were "excellent".

We heard of occasions when staff had stayed with people who were unwell or supported relatives who were caring for people in difficult times. One person was concerned about the welfare of their pet. We heard from their friend staff "went the extra mile" to care for the pet.

People told us how the care staff enabled them to live in their own homes and to be as independent as possible. We spoke to several people who lived in sheltered accommodation. These people were very satisfied with the care and support they received. They told us about staff who were really good and there were no problems. They told us they had their "own staff" and they were known and understood.

People told us staff provided personal care in ways that respected their privacy. Staff were able to tell us how they did this and understood how important this aspect of care was to people. We visited people with a member of staff who was polite and caring in their interactions with people. They knew most people they visited but quickly established a rapport with a person they had not met before. Some people had received support from the service for many years and we heard staff speaking of them with affection and concern.

Requires Improvement

Is the service responsive?

Our findings

People told us most staff had a good knowledge of their needs and preferences. This enabled them to provide care that was responsive and personalised to people's needs and preferences. However the lateness of calls, changes of staff and missed visits meant that care was not always delivered as some people wished.

People were given times when staff could be expected but they were sometimes late. We spoke to 32 people and 13 people made a negative comment about lateness or missed calls. People told us "They are sometimes very late. I don't want to moan but it can be 10 o'clock if they are short staffed. It makes it difficult to plan a day. I appreciate the service but they can be very late.". "They are having problems. It does need looking at. We don't get the information we need. The sheet rarely matches up with the carers who arrive. The times and the people are different. It is very frustrating. We know it can be a half hour slot either way but it has been two or three hours."; "I think they are short staffed. I don't know who is coming. I get different ones all the time and at all hours. "They are supposed to be here 7-8pm but it has been 12:00."

One person we visited did not have a care plan in place. Staff had been visiting for some months however a communication problem resulted in information not being transferred to staff who would undertake the care planning process. Daily records showed a routine had been established and staff had been meeting the person's needs. They told us staff were doing "a really lovely job." We visited this person with a member of staff who had not visited before. They asked the person about the support they needed and provided care that was personal to them. They listened to the person's concern and made a phone call to assist them. This showed staff were competent and able to use their knowledge and skills.

Initial assessments were carried out with people who wished to use the service. People told us they were visited by a member of staff who asked them how they wanted their care delivered. The agency received information about people who were to be funded by the local authority. The manager said sometimes when they got to know someone they needed to request a change to the amount or timings of care provided. People who funded their own care told the agency the amount of care they required and this could be varied at any time. One person told us they had been "quite ill" and had requested an additional lunch visit. They said when they felt better they would reduce the number of visits they received. Staff reported concerns about people to the office and identified when additional time or visits were required.

Care plans detailed people's needs and supported people to remain in control of their lives. We met people who told us how the support they received assisted them to live as they wished. People were able to tell us how the times of care visits were varied to enable them to attend clubs or participate in social events.

A new comprehensive care planning document had been recently introduced and was being introduced to people over a period of time. These care plans gave clear information about people's needs and preferences. They gave detailed information and direction to staff. The plans included a section called "Understanding Me" which detailed the history and preferences of the person. Most plans were very detailed, one was quite brief which meant some key information may not have been included. Information about people's vulnerability was written in the risk assessment section of the plan and also in the services computer records which were accessible to all planners and out of hours staff. When we visited people in their homes care was being delivered as described in the care plans. Plans were reviewed annually or more often if people's needs changed. People signed the plans to say they agreed with the proposed care.

People could express a preference about the staff who supported them. They were able to express a wish to have male or female staff. They could ask not to have particular staff visit them. One person told us "I just didn't get on with them. They weren't nasty or anything but they got me down. In the end it was sorted out really quickly. It just wasn't a problem." We visited one person in their home and they told us about the care they received. They said the staff gave them plenty of time and understood the importance of the timing of their calls. We looked at their care plan and saw the care provided was fully described. The support had been tailored to promote the person's independence and dignity

People told us they would feel able to make a complaint. One person said "I did put in a complaint about one carer. I was edgy about putting in the complaint but it was fine. The carer had a reprimand. I would feel happy to complain again if I needed to."

Requires Improvement

Is the service responsive?

People received a copy of the complaints policy when they began the service. We saw 14 complaints had been recorded since January 2014. The complaints mainly related to missed calls and had been addressed. There was clear information about the action that had been taken to investigate and respond to the complainant. There was a system in place to enable some complaints to be investigated by a person from the company who was independent of the West Somerset office.

Records of complaints showed that usually following action by the service the issues were resolved. However a small number of people or their relatives were very dissatisfied with the service they received and the investigation of their complaint. For one person a change in regular care staff had meant their needs had not been met satisfactorily. The customer services supervisor had amended the care plan and the complaint had been investigated by the provider. However the family had lost confidence in the service's ability to provide a regular, high standard of care and had sort another provider.

Some people identified issues to be addressed but did not classify them as a complaint. The customer services supervisor visited people who wanted changes to their care and if possible amendments to the times or care provided. The customer supervisor said they supported people in many ways. They reviewed manual handling practice and attended joint reviews with social services. They were able to visit people promptly and listen to their concerns and carry out annual reviews.

Requires Improvement

Is the service well-led?

Our findings

Feedback from people and relatives during the inspection indicated that the provider had not been able to take enough steps to resolve the issues regarding irregular carers, late and missed calls to people. The service had a quality assurance programme developed and implemented by the provider. The system was based around "themed conversations" with people and staff and was completed on a quarterly basis. The aim was to promote improvements and action plans were in place. A re-organisation of the service was imminent. Planning of care and out of hours support had been identified as areas to be improved by the re-organisation but this had not been achieved yet.

When there were short term staff problems the manager and senior staff took action. Planners tried to contact additional staff and asked staff on duty to pick up extra calls. All senior staff assisted with the delivery of care when needed and were concerned with people's safety and welfare. During the inspection we heard one senior member of staff leave the office at short notice to provide care. Decisions to cancel a call were taken following the assessment of a person's vulnerability and other help available. When all supervisors were in post they were on stand- by to assist staff.

The registered manager was open and approachable. There was an open door policy at the office and throughout the inspection we saw staff came to the office to speak with the registered manager. The registered manager had a clear vision for the service which included supporting the service through a period of change and re-organisation in the near future. They demonstrated a commitment to providing high quality care which met people's wishes. The manager raised issues in team meeting and had meetings with individual staff. The manager discussed issues raised by people with the care manager and supervisors and supported them to take appropriate actions.

There was a staffing structure which gave clear lines of responsibility and accountability. In addition to the registered manager there was a care manager and staff and customer supervisors.

The generic supervisor role was recently separated to become more focussed. Community staff supervisors undertook supervisions and appraisals of staff. Community customer supervisors liaised with people using the service and undertake their reviews. There were plans to increase the number of these posts. The area covered by the service was divided into areas and dedicated teams covered two sheltered housing complexes.

The manager followed up absences with staff and followed a disciplinary process if necessary. The provider used the information from staff surveys and team meetings to discover why staff left after a short period of employment. The induction programme had been changed to three weeks following comments from staff about the intensity of two week programme.

Recruitment of new staff was on-going. Analysis of times when staff were needed enabled

recruitment to be more targeted. New staff were informed of the importance of being realistic about the hours they were able to regularly work. Staff received formal supervision with a senior member of staff and there were spot checks on staff working in people's homes. Poor practice or concerns were addressed and recorded.

Somerset Care Community (West Somerset) was run by Somerset Care Community Ltd who are a large organisation with many locations. There were managers in place to support the registered manager in West Somerset. There were specialist teams such as Human Resources available to support specialist functions of the service.