

Scott Care Limited

Scott Care`s Medway Branch

Inspection report

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Date of inspection visit:
24 July 2019
02 August 2019

Date of publication:
15 August 2019

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

About the service: This service provides personal care, predominantly to older people living in their own homes. There were 153 people using the service during our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

We continued to receive positive feedback about Scott Care's Medway Branch. Comments from people included, "I do feel safe with staff because they are all the ones I know and my regular staff know exactly what I need. I'm quite satisfied." "I'm ok with Scott Care and I would let them know if I felt concerned or had a problem." "I do have regular carers morning and evening which suits me well. I'm absolutely happy with the carers and I'm lucky with the ones I have." "Extremely pleased with service. The cares are wonderful, always on time and leave us safe and happy."

People told us that staff met their needs with care and were friendly towards them.

Equality, diversity and human rights policies were in place and the care assessments included sections about people's backgrounds and lifestyles. Staff worked in partnership with people, respecting people's rights and always offering people choices about their care.

Risks assessments minimised the risk of people being exposed to harm.

People's needs were fully assessed and people's right to retain independence was respected. Staff understood how to safeguard people at risk and how to report any concerns they may have. The staff learnt from incidents and accidents to reduce the risk of them reoccurring.

Care plans had been developed to assist staff to meet people's needs. The care plans were consistently reviewed and updated.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

Safe recruitment practices had been followed before staff started working at the service. Staff had supervision and personal development opportunities to learn skills in social care. Staff training was ongoing to ensure staff met people's needs. There were systems in place for ensuring the staffing levels and staff skills balance were maintained to meet people's needs.

There were policies and procedures in place for the safe administration of medicines. Staff had been trained

to administer medicines safely.

People were encouraged to eat healthily by staff when needed. People had access to GPs via their relatives. Staff understood they needed to share concerns they may have to make sure people has support to make referrals and have access to medical care if they became unwell.

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

Staff followed good hygiene practice to minimise the risks from the spread of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (published 26 January 2017).

Why we inspected

This was a comprehensive inspection scheduled based on the previous rating.

Follow up

We will continue to monitor the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was Well Led

Details are in our Well Led findings below

Good ●

Scott Care `s Medway Branch

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection. Inspection activity started at the registered provider's office on 24 July 2019 and ended on 02 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and six relatives about their experience of the care provided. We received feedback about the service from six staff spoke including the operations director, service manager, training manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff recruitment files, and staff training and supervision files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. The manager sent us information we requested about audits of call logs. The local authority gave some feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were no safeguarding concerns about this service. Everybody we spoke with said they felt safe with the staff. One person said, "I do feel safe with staff, I trust them. They are a nice bunch of staff."
- Staff received training about their responsibilities to safeguard people and what constituted abuse. Staff knew what signs they should look out for and were confident the management team would listen and act on any concerns they raised.
- The manager operated an on call service for people to access during care hours and an answer phone service was available out of office hours.

Assessing risk, safety monitoring and management

- Risks to individual people were assessed, recorded and minimised. Risk assessments informed staff what the risks were and what actions to take to minimise them. For example, where people needed moving and handling using a hoist, risks assessments were in place with safety guidance for staff to follow. One relative said, "When my relative first came out of hospital they were having to use a hoist and the carer from Scott care is brilliant and very competent."
- General risks were assessed and potential hazards in people's homes were assessed. For example, keeping their home secure. There was guidance and procedures for staff about what actions to take in relation to maintenance and health and safety matters.

Staffing and recruitment

- Staff were provided to people based on their needs on an individual basis. One person said, "They stay for as long as they are needed and do whatever I need. They have never missed a visit." Where people needed specialist moving and handling care two staff were provided. Records showed that staffing hours were matched to people's agreed care hours.
- One relative said, "Most evenings my relative has the same carer. She knows the girls (staff) well." Back-up staffing was provided through staff overtime. This provided familiarity and consistency for people. The manager was hands on and helped provide care when needed.
- Staff were recruited safely. We checked how new staff were recruited. Applicants were interviewed, had references, and work histories were recorded. They had been checked against the Disclosure and Barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Using medicines safely

- Not all people required staff to administer medicines. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. People told us that their medicines were managed safely by staff.
- The use of medicines was managed safely in line with published guidance. One person said, "They have creams which they apply and then they document it all." Another person said, "The staff reads all about my medication and what I'm taking and what it's for, there have never been any missed doses." Staff were trained and followed the provider's medicines policy. Full and complete medicines administration records were kept. These evidenced that medicines were given as prescribed. The administration of medicines, this was fully risk assessed.
- The manager audited medicines records to check staff were administering them correctly. Staff underwent observed competency checks when administering medicines to confirm their knowledge and practice.

Preventing and controlling infection

- Staff received infection control training. All of the people we spoke with confirmed that staff wore gloves and followed good hygiene practice.

Learning lessons when things go wrong

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- A system was in place for the investigation of incidents to reduce the risk of them reoccurring. For example, there had been some missed calls. To minimise the risk of calls continuing to be missed, the registered provider had provided all staff with a company mobile phone that linked to the computer system at the office. If staff did not log in at the call time, an alert was seen in the office and action was taken to prevent a missed calls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they received the care they had been assessed for. All of the people told us they had an assessment and care plan. A relative said, "Staff take account of the dementia my relative has, remembering that on a Thursday my relative puts her feet in a bowl of water and she paddles her feet. There is lots of conversation. They talk to my relative a lot."
- Assessments included information and guidance about people's physical and mental health needs. Health care professionals, for example Occupational Therapist contributed to the assessment process and had given guidance for staff to follow.
- The manager assessed people individually and told us how they took account of people's protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion. Staff received their training about this.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people. Staff training and inductions were tailored to people's needs. A member of staff said, "We are provided full training and we also get to shadow other carers especially when it comes to using equipment."
- Formal on-going training was provided to staff to improve their skills and understanding of people's needs. Staff understood how to care for people living diabetes or with catheters.
- New staff underwent an induction programme followed by a period of shadowing before they were able to work with people alone.
- Staff told us that they felt supported by the manager. Staff training, and supervisions continued to be managed for effective care delivery.
- The manager facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their work.

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

- Not everyone required support with preparing foods and drinks. People either had the skills to do this independently or they were supported with this by their relatives. Where people asked for staff to support their food preparation, this was supported by staff. One person said, "My morning carer makes sure I have a good breakfast and will do me slices of malt loaf or toast." Another person said, "Staff look after me. They make me a cup of tea and sit me up in bed. They nearly all know me and nothing could be better about what

they do."

- Staff had been trained in nutrition and hydration so that they had the skills to advise, guide and support individuals with their eating and drinking care needs.

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

- People's health and wellbeing was maintained and reviewed in partnership with external health services. For example, the staff worked closely with Community Nursing teams when people had conditions such as diabetes or epilepsy.
- There were systems in place to ensure that staff communicated effectively with each other and shared information with healthcare services. One person said, "My carer is very good, they chat to me and asks me how I am. They give me a nice shower and keeps me nice and warm with towels. If there was something wrong with me she would get onto her phone and get the Doctor out for me." One relative said, "The staff will make a note such as if my relative has a scratch on their leg and they did tell me about a barrier cream which we have been able to get from the GP."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

The manager fully understood their responsibility to work with the local authority care management teams to assist people to make best interest decisions. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. No people were subject to an order of the Court of Protection.

- Staff had training and updates to promote their understanding of the MCA and issues around capacity and consent. The manager understood the process of assessing capacity if it were required. Staff told us they respected people's opinions and choices, whatever they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Policies set out the staffs' approach to dignity, equality, diversity and human rights. One person said, "Staff all ask 'are you alright' as they come in and check that I am ok before they start. They get me some food and drink which I choose. They are all kind."
- Staff delivered care respectfully. One person said, "One person said, "My staff are very respectful towards me. They never talk about anybody else they visit. For example, if they are late they will say they have been held up by another client but there are no details."
- The care people received was person centred and met their most up to date needs. People's life stories and likes and dislikes had been recorded in their care plans. A member of staff said, "I always aim to provide a listening and caring approach to customers and try to make them feel as though they are the most important person in my life at that time."

Supporting people to express their views and be involved in making decisions about their care

- People had full control over how they wanted to be supported. Staff had taken the time to understand how people communicated their wishes. One person said, "The carers give me time to do things for myself as I like to be independent where I can." A member of staff said, "We are patient, and we respect people's wishes, dignity and values."
- People had care plans which described their individual communication needs and preferences. Guidance was given for staff on how people's communication needs should be supported and promoted.
- The manager consulted and communicated with people as fully as possible about their service. The manager said, "We value feedback from service users' friends, relatives and other representatives as providing an important route to understanding the views of service users themselves. This is done through continuous checking with the service users, and others who are involved in their care."

Respecting and promoting people's privacy, dignity and independence

- People consistently told us that staff respected their privacy and maintained their dignity. People commented, "The carers were kind and caring and respectful." Another person commented, "The carers respect our confidentiality."
- Care records no longer needed in people's homes were returned to the office and stored securely. The manager followed the General Data Protection Regulations 2018. This is a new law on data protection and privacy for all individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There continued to be information on people's needs and preferences in their care plans. Staff used picture cards and objects of reference to support people to express their needs and preferences.
- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan.
- The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes. One person said, "They do write in the book, (care log)." Another person said, "The manager does the reviews and my relative is always included in the review, what they write is all in the log book."
- People told us that the care staff met their care needs.
- Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex. Equality and diversity was promoted through the providers policies and procedure.

Improving care quality in response to complaints or concerns

- How to make a complaint was shared with people and their relatives. People told us that they felt confident raising any concerns or complaints. Where people had raised concerns they felt they had been listened to. One person said, "If I have a complaint I will phone them straight away and I think they do take notice."
- The complaints policy informed people about external organisations such as the local government ombudsman if they were not satisfied with how their complaint was handled.

End of life care and support

- The manager understood their responsibility to ask people about their end of life preferences.
- No end of life care was being delivered at the time of this inspection. However, if this was required, the staff told us how they offered a comfortable, dignified and pain-free death. Care plan sections about death and end of life planning were discussed with people at assessments and care plan reviews.
- Staff had recorded the end of life planning discussions they had with people and their relatives in care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The staff identified people's information and communication needs by assessing and documenting them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were considered. For example, one person used picture cards after suffering a stroke.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a statement of purpose which set out their vision and values for the service. This was available to people and staff. Staff consistently told us that the manager was supportive and open.
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns.

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

- There was no registered manager in post at the time of this inspection. The previous registered manager had left the service in July 2019. The registered provider had recruited a new manager who was applying for registration.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The manager understood when to submit notifications to Care Quality Commission.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered person had conspicuously displayed their rating on their website and within their offices.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. People told us they get sent newsletters.
- People and their relatives were regularly asked to give feedback about the service. Feedback comments included. "Staff are always polite, staff do a perfect job," and "Cannot wait for carers to call, happy to have them."

Continuous learning and improving care

- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented

the new General Data Protection Regulation that came into force in May 2018.

- The audit systems in the service effectively identified areas for improvement and these changes were implemented. For example, to improve communication with staff working in the community, a system had been used to enable staff to log into and out of a call using a scanned code. This reduced the risks for staff when lone working and minimised the potential for missed care calls.
- Staff meetings were held and staff told us they were able to speak out if they wanted to. Staff told us they were well supported by the management team. A member of staff said, "I am supported by my manager with regular supervision and team meetings, being able to approach them at any time when needed, working as a team and towards a shared goal bringing care to people who need it."

Working in partnership with others

- Staff worked closely with health and social care professionals with a shared responsibility for people's care; notably GP's, hospitals and other medical services and adult care services. For example, has been regular communication between Scott Care's Medway branch and other care providers covering the same areas.