Ms Jean Ann Norris

Select Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 25 and 26 May 2016 and was announced. Select Care is a domiciliary care service that supports people with personal care over the age of 65 living in their own homes. At the time of our inspection 43 people were receiving care and support.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected against the risks of avoidable harm and abuse. Some staff and the registered manager were not aware of their responsibilities with regards to safeguarding people who were at risk of self neglect.

The systems in place for monitoring the quality of the service delivery were not always used effectively. Although there were systems in place to monitor the quality of the care provided, there was no evidence that the findings from the audit checks, satisfaction surveys or spot check supervisions was recorded or actioned.

We saw that the service was not working within the principles of the Mental Capacity Act (MCA). The registered manager and staff were not always aware of their responsibilities under the MCA Code of Practice.

Care plans only detailed people's basic care needs and although care plans were reviewed on a regular basis, they didn't always reflect people's current care and support needs.

The registered manager did not keep up to date with new legislation, ways of improving care delivery and technology to support people.

People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them. All staff had completed the provider's mandatory training. Staffing levels ensured that people received the support they required at the times they needed. We observed that there was sufficient staff to meet the needs of the people they were supporting. The recruitment procedure protected people from being cared for by staff that were unsuitable to work in their home.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Staff had good relationships with the people they supported. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 always safe.

People were not always protected against the risks of avoidable harm and abuse. Some staff and the registered manager were not aware of their responsibilities with regards to safeguarding people who were at risk of self neglect.

People felt safe and comfortable with the care they received in their own home.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

This service was not always effective.

The service was not working within the principles of the Mental Capacity Act. The registered manager and staff were not aware always of their responsibilities under the MCA Code of Practice.

People received care from staff that received training and support to carry out their roles.

People received personalised care and support. People were supported appropriately and in a way which they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Care plans only detailed people's basic care needs and although care plans were reviewed on a regular basis, they didn't always reflect people's current care and support needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Requires Improvement

This service was not always Well-Led.

The systems in place for monitoring the quality of the service delivery were not always used effectively.

People using the service had not been asked for their feedback about the quality of the service for two years.

The registered manager was approachable and staff and families communicated on a regular basis.

Select Care

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 over two days on 25 and 26 May 2016 and was announced. We gave the provider short notice of our inspection to be sure that the staff would be available to support the inspection. The inspection was completed by one inspector.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who used the service, one relative, three members of care staff and the registered manager.

We looked at care plan documentation relating to six people, and five staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

The provider and staff had not reported safeguarding concerns to the appropriate authorities when people were at risk of self neglect. One person who was neglecting their own personal care needs and was reluctant to receive any more support was at risk of mismanaging their medicine and developing health issues relating to lack of personal hygiene. It was clear from talking to staff they had concerns because the person would not allow staff to support them with personal care. The care staff continued to record on the daily notes that the person's health had declined but had not recognised that this pattern of self neglect could not continue and a referral to the local authority safeguarding team was required. The same person was witnessed drinking a medication which was prescribed for intravenous use. The carers reported their concerns to the manager who then reported the concerns to the district nurse; but at no point was a safeguarding referral made to ensure this person was not at risk.

Another person was not taking their medicines when staff were not supporting them. We spoke with the person and they said they often forgot to take them but they didn't want any more care and support to assist them. We found seven prescribed medicines that the person had not taken in the previous week and care staff told us this happened on a regular basis. Although the care staff were not responsible for administering this medication they had failed to recognise that this person was no longer able to self medicate and they were at risk of health complications due to medication not being taken. No safeguarding referrals had been made to the local authority and the provider and staff had not taken any action because the person had declined any additional support from them.

This was a breach of Regulation 13 (1) safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with felt safe with the carers who supported them. One person said "The carers are really good; they ring the doorbell when they come in and they lock the door when they leave." The service had procedures in place describing what action to take if a person did not answer their door when the care staff arrived.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments to assist staff with moving and handling procedures. Risk assessments were also in place to manage other risks within the environment which was completed when people started using the service. One care staff said "Risk assessments are updated and all the staff read them and refer to them, it is key to preventing accidents or incidents from happening." Risk assessments were reviewed regularly or as changes occurred.

There was sufficient staff available to provide people's care and support. People were given a list of their planned calls for the following week and it also identified what care staff were supporting them. One person said "I always have the same three staff and they are all wonderful; they always do everything I ask them and they always check if I need anything else." Another person said "I know all of the staff really well, it is important to have the same few because you develop a good relationship with them."

People's medicines were safely managed. One person said "The girls [staff] get my tablets for me and put them in a pot for me because I can't do it myself." Staff had received training in the safe administration, storage and disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff followed guidelines for medicines that were only given at times when they were needed, for example Paracetamol for when people were in pain.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in the service. The staff recruitment procedures explored gaps in employment histories, obtaining written references and screening through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that their checks were carried out before they commenced their employment.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that the service was not working within the principles of the MCA. The registered manager and staff were not aware always of their responsibilities under the MCA Code of Practice. Best interest decisions had not been recorded in care plans and mental capacity assessments had not been undertaken where it was thought people lacked capacity, in particular with managing their own medicines. The provider had not completed the necessary processes to ascertain people's capacity or referred people to the local authority if required to complete the assessments. However, care staff were supporting people with their best interests in mind and this was evident in the observations of interactions between staff and people using the service.

This was a breach of Regulation 11 (1) need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People consented to their care on a day to basis. We heard care staff offering people choices and asking if it was okay to undertake personal care tasks. One person said "They [care staff] always check with me if it is okay to do something even though they do the same thing for me every morning; maybe one day I will say no and surprise them!"

New staff received an induction which included classroom based learning and shadowing experienced members of the staff team. Staff did not work with people on their own until they had completed all of the provider's mandatory training and they felt confident to undertake the role. The induction included key topics on first aid and moving and handling. One staff member told us "My induction was good, I spent six weeks working with other care staff and visited every person who receives care so I could be introduced to them and read their support plans."

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed yearly. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training. One member of care staff said "The medicine training was really useful, I recently learnt that if people have more than six different prescribed medications then they should have a medication review by their GP every six months."

People's needs were met by staff that received regular support from their manager. We saw that staff spoke almost daily with the registered manager and any concerns were spoken about. One care staff said "I have observational supervision where the manager observes me completing care and then they feedback to us." Another staff member said "[The manager] is really supportive, they know all of people's need and care and we can ring them day or night for anything."

People were supported to eat a balanced diet that promoted healthy eating. Meals and meal-times were arranged around people's own daily activities. Some people required support with heating ready made meals; other people were able to cook their own meals. We saw care staff offering people a choice of the ready made meals that were available to them and we also saw staff checking that there was fresh milk available and ensuring people had not run out of essential items.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. For example: Occupational therapists. People had access to GP's, district nurses, opticians and chiropractors. The provider rarely supported anyone with these tasks; these were mainly undertaken by relatives.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "The staff are lovely, they chat with me and ask about my family; give them five gold stars!"

During visits to people's homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. Staff spent time with people talking about their plans for the day and discussing topics in the local media.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans detailed the care and support they required. Staff understood the importance of respecting people's choices and gave examples of how they supported them. For example; one person chose to stay in bed on many occasions, care staff told us how they made sure the person had everything they needed and made them a flask of hot drink so didn't have to get out of bed until they were ready.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity was respected by the care staff. One care staff said "I always make sure I cover the bottom half of someone if I am washing the top part; I think that's really important because that is what I would want."

People told us they were encouraged to be as independent as possible. A person said, "Yes, they don't do things for me unless I ask. They know I like to do things for myself, I always think the longer I can do things for myself the better." Care staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Some people who used the service had been supported in the past by independent advocates and independent mental capacity advocates. No one was currently using an advocate but the staff team were knowledgeable about how to refer someone to advocacy services and what advocacy services could offer people.

People were encouraged and supported to have visitors in their own homes. One person received a visitor while we were visiting, they told us the care staff did a "fantastic job" and didn't know how the person would have managed without the wonderful care and support from the care staff.

People gave us many compliments about the staff team and told us how caring they were. One person said "I can't see my garden anymore and I used to love looking out at the plants; the care staff went out and took pictures of all the garden for me so I could see all the flowers; I was nearly in tears."

Requires Improvement

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis for individual plans of care to be developed with the person and their family. However, the care plans were very basic and only covered the information about the personal care tasks that the care staff were required to undertake. No information was contained in the care plan about people's life history, relationships, preferences and likes or dislikes. However, the staff we spoke with knew people's preferences and life history and knew how they liked their care to be delivered.

Care plans were reviewed on a regular basis; however they didn't always reflect people's current care and support needs. For example, one person's care plan stated that the person was supported to have a bath every morning, after talking to the person and reading their daily notes it was clear that the person now only uses the shower and hasn't had a bath for three years. Another person's care plan detailed that a patch used to alleviate pain was required to be changed every 72 hours, this person had not been using or prescribed the patch for a few months. However, when we spoke with care staff they all knew what care and support people had. We spoke with the provider about our concerns and they have informed us that they will be speaking with all of the staff to ascertain what care plans are out of date and will make the changes required.

People were not involved in formal reviews of their care and support needs. The registered manager told us that if a person or their relative requested a review then they would have one; otherwise the care and support continued as planned.

Staff were responsive to people's needs, people told us that staff were flexible and they were able to change the times of their visits. While we were visiting people in their homes we saw that staff responded quickly if someone needed support. People were asked if they required any further support and whether they were comfortable. One person said "They are so good to me these girls [care staff], I trust them with my life and I never worry about asking them to do something for me."

When people started using the service they and their representatives, were provided with the information they needed about what do if they had a complaint. One person said "I've never had to complain, in fact I doubt anyone has; the care is fantastic." There were appropriate policies and procedures in place for complaints to be dealt with.

Requires Improvement

Is the service well-led?

Our findings

The systems in place for monitoring the quality of the service delivery were not always used effectively. The registered manager acknowledged that they did not have as much time as they would have liked to monitor care plans and review the service. They told us about audits that were carried out which included daily care logs and medication records. Staff returned these to the office for the registered manager to monitor and review, however, there were no recorded actions that had been taken when shortfalls were identified. Although there were systems in place to monitor the quality of the care provided, there was no evidence that the findings from the audit checks, satisfaction surveys or spot check supervisions was recorded or actioned.

Had effective audit systems been used then the service would have identified that care plans were not up to date and people were at risk of self neglect. We discussed this with the registered manager and they advised that for them, the care came first, as a small service it was paramount that they cared for people first; paperwork came second although it was important. They understood that they needed to formalise all the audit checks and reviews that they did and to ensure that written documentation was kept up to date.

People using the service were asked to provide feedback about their experience of care and about how the service could be improved. However, the provider had not asked for people's views in two years and because people did not receive annual reviews there was a lack of opportunity for people to give their opinions on the care received in a formal way.

The registered manager was not up to date with new legislation and ways of improving care delivery and technology to support people. For example, the provider was not aware of the Health and Social Care Act 2014 regulations. The provider had also not considered the use of technology to support people. For example; technology to remind people to take prescribed medication.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People, staff and families told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families and it was clear through observations that the staff lived up to this expectation.

Communication between people, families and staff was encouraged in an open way. Relative's contacted the provider on a regular basis to update them on changing care needs. The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did.

Staff worked well together and as a team were focused on ensuring that each person's needs were met. Staff clearly enjoyed their work and supporting people, they told us that they received good support from their

manager. One staff member said "The manager is really good at caring for people and making sure we care for people; although not so good on the paperwork side of things."

Staff meetings took place on a regular basis and minutes of these meetings were kept and referred to. Staff said the meetings enabled them to discuss issues openly and were also used as an information sharing session with the manager and the rest of the staff team. The manager also sent to staff a weekly update to all staff highlighting any changes to peoples care and support needs that they were aware of and any information relating to changes in call times.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and staff were not aware always of their responsibilities under the Mental Capacity Act 2005 Code of Practice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and staff had not reported safeguarding concerns to the appropriate authorities when people were at risk of self neglect.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place for monitoring the quality of the service delivery were not always used effectively.