

Smithfield Health & Social Care Ltd

Smithfield Health & Social Care Limited t/a Verilife

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Smithfield Health & Social Care Limited t/a Verilife is a domiciliary care agency providing personal care to 109 people at the time of our visit.

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 and what we found

People told us they felt safe with staff and there were robust risk assessments and plans in place to manage any risks people faced. There was a system to monitor and respond to any incidents, such as falls. People received their medicines from trained staff and care was delivered in a way that reduced the risk of the spread of infection.

People gave positive feedback about the competence of staff and said staff supported them in personalised ways to meet their nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff regularly worked with healthcare professionals and made referrals when people's health changed.

People told us staff supported them in a way that was caring and considerate of their needs. Staff were knowledgeable about how to provide care in a way that was respectful and maintained people's dignity. People were encouraged to maintain their independence.

People's care was planned in a personalised and people told us they were involved in care planning. When things changed, reviews took place and care plans were updated. People knew how to complain and any complaints raised had been investigated and responded to appropriately.

Improvements had been made since our previous inspections and the provider had embedded systems to ensure improvements could be sustained. People's views were sought and taken seriously and staff said they felt supported by management. There was a system to reward good practice amongst staff and the service regularly worked alongside others to deliver care.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Smithfield Health & Social Care Limited t/a Verilife

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector, one directorate support co-ordinator 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 December 2019 and ended on 19 December 2019. We visited the office location on 18 December 2019.

What we did before the inspection

We reviewed information we held about the service such as information from stakeholders and the public. We reviewed statutory notifications sent to us by the provider. Statutory notifications are reports of events that providers are required by law to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 12 people and 4 relatives. We also spoke with the registered manager, the director, the head of care, a senior carer, two co-ordinators and three care staff.

We reviewed care plans for nine people, including records relating to risk, medicines and personalised care planning. We checked the systems to schedule and monitor care calls and reviewed records relating to complaints and compliments. We reviewed the provider's system to monitor accidents and incidents and checked a variety of audits. We looked at four staff files and records relating to staff training and supervision.

After the inspection

We received further evidence from the provider which we considered when preparing this report. We contacted the local authority and received feedback from them 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we identified a lack of detail in risk planning related to the risk of falls. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care was planned and delivered in a way that ensured people were safe.
- People told us they felt safe when staff supported them. One person said, "I feel completely safe with their care, they're lovely."
- After our last inspection, risk assessments and risk plans had been reviewed and the level of detail had been improved. Where we had identified a lack of review of risk following falls, a new system had been implemented which included a robust review of any incidents and falls and a check that risk plans had been updated where required.
- Risks to people had been assessed and there were detailed plans for staff which described how to support people safely. Risk plans covered areas such as falls, pressure care, nutrition and people's environments.
- One person was at risk of falls and there was personalised guidance which described how staff could support them to move safely within their home with equipment.
- Another person was at risk of pressure damage to their skin, there was a plan in place which included creams which staff administered. Staff were knowledgeable about signs and symptoms of skin breakdown and records showed where a concern of potential skin damage had been identified it had been shared with the local district nursing team.
- When people came to the service they received an assessment of their home environment to identify any factors that could pose risks to them, such as falls or fire hazards. Where any risks were identified, action was taken to keep people safe.

Learning lessons when things go wrong

- Systems were in place to learn lessons from incidents.
- Since our last inspection, the provider had developed a system which monitored all falls and checked actions taken in response. The system was easy to analyse so any potential changes in needs or risks could be picked up promptly.

- There were daily meetings where management and co-ordinators discussed any recent incidents or issues and learning from them and checked appropriate actions were taken.
- The provider had learnt lessons from previous inspections and our findings showed improved practice around management of falls, as well as improvements to care plans and call monitoring.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to identify and respond to potential abuse.
- Staff had received training in safeguarding adults and were able to describe to us how they would escalate any concerns to management and they knew which agencies to contact if they had to raise concerns externally.
- Records showed that where there had been any concerns, these were shared with the local authority. The system to document and analyse incidents contained prompts to notify bodies such as the local authority and CQC. Records showed concerns were reported to relevant agencies when required.

Staffing and recruitment

- There were sufficient staff deployed so people received their care at the time they expected it.
- People told us staff were on time and they had not missed any visits. One person said, "They [staff] always turn up on time and do everything I need." Another person said, "I always have the same staff. If they're going to be delayed or someone is sick they always inform me."
- There was a system to schedule and monitor call punctuality and pick up any missed visits. There had been no missed visits and the service ensured they only took on new packages of care when they were able to, based on staffing numbers.
- There were contingency plans in place for staff sickness or travel issues that could affect care calls. Where care calls were at risk of being missed, co-ordinators and senior care staff were trained and able to attend calls to fill gaps.
- A new project was underway to check the punctuality and length of calls with a senior staff member monitoring all visits over each month. These checks showed very few short or late care calls. Where calls had been short or late, an analysis had taken place and action was taken with individual staff or scheduling to address any issues that might affect people's experiences.
- People were supported by staff who had undergone appropriate checks on their backgrounds and character. Records showed evidence of recruitment checks including references and checks with the Disclosure and Barring Service.

Using medicines safely

- People's medicines were administered safely.
- People told us they received their medicines as expected. One person said, "They [staff] record it in the book and they always check I'm not in pain, they're very good."
- People's medicines were administered by staff who had received medicines training. Staff competencies had been assessed and medicines practice was regularly checked during observed practice.
- People's care records detailed medicines they were prescribed and how they received them. Where people were prescribed medicines on an 'as required' basis, there were protocols in place to inform staff about when to administer them.
- Staff maintained accurate records to show when medicines had been administered to people. Records were returned to the office regularly where they were checked to ensure accuracy.

Preventing and controlling infection

- People were supported in a way that reduced the risk of the spread of infection.
- People said staff washed their hands or wore gloves when required. Staff were knowledgeable about how

to provide care in a way that promoted good hygiene.

- Staff were trained in infection control best practice and this was checked during regular observed practice. Staff were provided with stocks of personal protective equipment, such as gloves, which they told us were always available whenever they ran out.

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.

This meant 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 received an assessment before they received care.
- There was an assessment process where people were visited by senior staff who completed an assessment. The assessments captured people's needs and details about their routines and preferences. Assessments included a check of people's home environment and any potential risks people or staff may face.
- Assessments followed best practice and documented information about medical conditions and any professionals involved in people's care. Where one person had a long-term condition, important information about this and a specialist nurse who supported them were recorded and added to their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent in their roles.
- People told us staff were knowledgeable and gave them confidence when they provided care. One person said, "They [staff] are all very well trained to take care of me."
- Staff told us they received an induction before delivering care and their training was regularly refreshed. Records showed staff followed the Care Certificate and were provided annual updates in courses such as fire safety, infection control and manual handling. The Care Certificate is an agreed set of training standards in adult social care.
- Staff received regular observed practice calls where senior staff observed care delivery to check best practice was being met. Where any issues were identified, these were discussed with staff through one to one supervision meetings. Staff told us they had found these meetings useful and they felt confident to raise any issues or request further training if they wished.

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

- People were supported to maintain their nutrition.
- People told us staff provided support and encouragement to prepare food and eat meals. One person said, "They [staff] help prepare my food and encourage me to eat even when I don't feel like."
- People's care plans documented any dietary needs and the support they required to meet them. Care plans also detailed people's favourite meals and how they liked food cooked.
- One person was unable to prepare meals themselves and required support from staff. Their care plan detailed foods they liked for each meal time and staff recorded in daily notes that these had been provided.

- Where people had medical conditions which could affect nutrition these were documented. One person had diabetes and this was detailed in their care plan with information about the diet they maintained and medicines they were prescribed. Another person had swallowing difficulties and their care plan had information about how to support them to eat safely, in line with a healthcare professional's guidance.

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

- Staff ensured people's health needs were met.
- People told us staff contacted relevant healthcare professionals and agencies when required. One person said, "I have a diary that they [staff] check and assist me by taking me and waiting for me." Another person said, "They help me attend doctors' appointments if I need to and any appointments I have."
- Staff regularly contacted healthcare professionals where people's needs had changed. For example, where one person told staff they had sustained a fall staff supported them to contact their GP and an occupational therapist to address any issues with their mobility.
- Care records documented any conditions and any healthcare professionals involved in people's care.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had consented to their care.
- Care plans documented people's consent and people said staff asked them for consent before carrying out care tasks.
- Where people were unable to consent to care, the correct legal process had been followed.
- One person was assessed as lacking the mental capacity to consent to aspects of their care and there were decision specific mental capacity assessments in place confirming this. Staff had documented a best interest decision and this showed they had considered ways to deliver care to them in the least restrictive ways possible, in line with the principles of the MCA.
- Where relatives had legal authority to consent to care on people's behalf, a copy of the document confirming their power to do so was obtained by the provider and kept on file.

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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided care in a way that was compassionate and caring.
- People told us staff engaged in conversation and made them feel comfortable receiving care. One person said, "I am amazed at the patience and care they show. They make me feel cared for without being embarrassed."
- Staff expressed a commitment to the people they supported. Staff said they had a chance to meet people before providing care and said they enjoyed their work with people. One staff member said, "I am happy with all my clients, they are lovely."
- Care was planned around people's diverse needs. Assessments captured people's culture, religion, sexuality and gender and care was planned around these needs. For example, when one person did not use English as a first language, this was documented in their assessment and we saw evidence of staff working with the person and their relative to identify ways to communicate and support them in a personalised way.

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

- People were involved in their care.
- People told us they were given opportunities to contribute to their care and they felt involved in the process. One person said, "We meet regularly to see if I'm happy and a copy of the plan is at my home." Another person said, "I am well taken care of they always listen and ask if everything is ok."
- People's care plans detailed their preferences, such as their favourite foods and times they liked to receive care. There were regular reviews and records of these showed people were asked if there was anything they wished to change about the care they received.
- At a recent review a person had made a request to change the time of one call and this had been actioned by staff.

Respecting and promoting people's privacy, dignity and independence

- People received care in a dignified way.
- People told us staff delivered personal care in a respectful way that promoted their dignity. One person said, "They [staff] always talk to you when they bath or shower you, I don't feel embarrassed as they're so caring. They're wonderful."
- Staff described to us how they provided care in a way that was dignified. One staff member said, "I always think how I would want to be treated, making sure people don't feel exposed and leaving them alone for a

bit if they need time."

- People were supported on a way that encouraged them to retain independence.
- People told us staff were encouraging and provided support in a way that enabled them to be independent, such as providing care so they were able to go out or spend time with loved ones.
- Care plans documented what people were able to do themselves, such as personal care tasks they could do and areas staff needed to support them with in order for them to be independent. A staff member said, "If someone can wash themselves I don't take that away from them. I encourage them to do it themselves."

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we identified changes were not always made promptly when people's needs changed and information in care plans about how people communicated lacked detail. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which was regularly reviewed.
- People told us they received care that matched their needs and preferences. One person said, "I understand all the information about my care and also they will be flexible in the times they come out to me."
- People's care plans were detailed and informed staff about their needs as well as their backgrounds and routines.
- One person was living with dementia and had reduced mobility. There was a detailed description about how to provide care to them, including information about encouragement and prompts the person responded to do tasks themselves. There was also information about the person's background and family for staff to use to prompt conversation.
- Where changes in need were found, care plans were updated swiftly.
- Care plans were reviewed regularly and people said they found these reviews meaningful. Records showed senior staff attended reviews and actioned any changes identified.
- A review was carried out of one person's care after staff noted changes in their mobility. This prompted referrals to healthcare professionals and additional equipment. The person's care plan was updated to reflect the changes in their mobility and the changes were shared with staff who supported the person to ensure they were aware of them.

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.

- People received information in a way that met their communication needs.
- Since our last inspection, the level of detail in care plans relating to communication had improved and these informed staff about if people used hearing or visual aids and how they expressed themselves if they did not do so verbally.
- An AIS audit had been introduced and we saw examples of this leading to improvements in the accessibility of information for people. For example, one person required a large print copy of their care plan. This had been identified and actioned so the person had information in an accessible format, including a large print copy of their care plan.

Improving care quality in response to complaints or concerns

- People's complaints were responded to appropriately.
- People said they knew how to complain and also gave examples of minor issues they had raised being addressed.
- The provider kept a record of complaints and these were analysed so they could be learned from. There had been three complaints this year and they had all been investigated and responses were sent in line with the complaints policy.
- People were given information on how to complain and people's feedback was regularly sought through reviews and surveys to identify any minor concerns.

End of life care and support

- Systems were in place to ensure people received personalised end of life care.
- At the time of inspection, nobody was in receipt of end of life care but care plans and assessments documented people's wishes such as where they would like to receive care, any cultural needs and people who should be contacted.
- The registered manager described the process they followed if people's condition deteriorated. The service had links with community nursing teams and had supported people alongside hospice services in the past.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the governance systems did not accurately monitor people's experiences of care because call attendance was not being monitored robustly. We also found action plans from previous inspections had not led to consistent improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made in response to shortfalls identified and there were systems in place to continuously monitor and assure the quality of care delivery.
- The provider had completed an action plan in response to our findings and this had led to improvements in the governance of the service. For example, care calls were now closely monitored to identify any early late or short calls and people described positive experiences of call attendance. The provider's recent survey found 100% of people satisfied with call attendance.
- Where we identified a lack of detail in risk plans for people, this had led to improvements in the level of detail within them. Care records were regularly checked through documentation audits to ensure this was sustained.
- A new system to track and monitor falls was in place and had led to improved monitoring of falls. This meant risks were identified and any actions taken were reviewed and discussed by management.
- There were a variety of audits to monitor the quality of care delivered. Daily notes and medicines records were returned to the service and checked each month. These were reviewed by senior staff and any discrepancies were addressed. For example, where a lack of detail in some care notes had been found a meeting was held with staff and the examples we saw showed an improved level of detail in daily notes.
- The registered manager had a vision for the service and plans were developed to improve this. Since the last inspection, there had been systems introduced to improve the governance of the service. For example, daily 'stand up' meetings were in place to provide a quick means of communicating important changes or issues each day.
- A service monitoring form had also been introduced. This was a feedback form which could be used by

both people and staff to document any feedback or requests for changes. Forms for surveys and spot checks had also been updated to improve the quality of the information they gathered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given opportunities to contribute feedback and ideas regarding the running of the service.
- People said they had frequent contact with the management and the main office. One person said, "I know the manager. All the team they come out to visit and we have all the information on who to contact."
- People had frequent reviews and spot checks, where senior staff attended their homes and discussed their experiences with them.
- We saw evidence of these visits prompting changes, such as different call times or changes to tasks. One person told us they had made a request to change staff who supported them and this was acted upon promptly.
- As well as visits, there was an annual survey and at the time of inspection these questionnaires were being received from people. We received the results after the inspection and these were positive. The results showed people's experiences had improved since last year, with people saying they felt more involved and informed by the service.
- Staff told us they felt supported and had opportunities to make suggestions about the service. Staff had meetings they could contribute to and there were systems to communicate important information to staff in the field.
- There was a system to recognise good practice in staff. Staff received a small cash reward for any compliments received about them as well as for positive improvements identified at appraisals.
- The service regularly worked with healthcare professionals and the local authority. A professional from the local authority told us they had no concerns with the service and a recent report from a local authority monitoring visit was positive and reflected recent improvements made.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Incidents were responded to in an open manner.
- Incidents were escalated to management by staff and records showed information was shared with relatives and healthcare professionals when required under duty of candour. The system to log falls had prompts within it to ensure information was shared when it need to be.
- The provider understood when they were required to notify CQC and records showed CQC had received statutory notifications for events such as injuries and safeguarding allegations. Where an issue had arisen which the provider was unsure of, they had sought advice to ensure any potential issue would be reported as required.

Working in partnership with others

- People received joined up care because the service worked with other agencies.
- Staff regularly worked alongside agencies such as the local authority and healthcare professionals. As well as this, staff were aware of the fire service who could support people when any potential risks were identified.