

Skillcare Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This was an announced inspection which took place on the 20 April 2016. We gave the provider 48 hours' notice of our intended inspection to ensure the registered manager was available in the office to meet us.

Skillcare Limited is a domiciliary care service that provides personal care, housework and assistance with medicines to over 70 people with learning disabilities, older people and younger adults in their own homes.

The service had a registered manager who has been registered with the Care Quality Commission. 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 and relatives told us staff listened to them and their health and care needs were met. People and relatives told us they found staff caring and helpful. Staff were able to demonstrate their understanding of people they cared for their needs and preferences. People's privacy and dignity were maintained.

We checked medicines administration charts and found that clear and accurate records were not being kept of medicines administered by staff. Care plans and risk assessments did not support the safe handling of some people's medicines. There were incomplete care plans, risk assessments and care records.

There were safeguarding policies and procedures in place. However, staff were not able to demonstrate their role in making safeguarding alerts and raising concerns. Staff lacked understanding of the threshold of safeguarding and the role of external agencies.

There were inconsistencies in staff receiving appropriate and necessary support and supervision; we could not evidence records of staff supervision. Staff told us they attended induction training and additional training however, there were gaps in the training records.

The service was not following their recruitment and selection policy and procedures, safe recruitment procedures were not being followed. Not all staff files had records of application form, interview assessment evidence, criminal record checks and reference checks. References were not always validated by company stamp or headed paper, some references had address details missing.

The service did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided. There were no evidence of regular monitoring checks of the quality and safety of the service.

We found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what

action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

CQC is now considering the appropriate regulatory response to resolve the problems we found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The service did not always keep accurate records of care delivery, medicines administered and accidents or incidents. Risk assessments were not always carried out as a result people were placed at risk of harm.

People told us they felt safe. New care staff and senior care staff had been recruited in the past six months. However, there were inconsistencies in the recruitment and selection processes.

Staff did not always understand the threshold of safeguarding and the actions they needed to take if abuse was suspected. Not all safeguarding concerns were recognised by the service and notified to the relevant agencies.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff induction training programme was in place however, there were gaps in the training records. Staff had not been receiving regular supervision and felt they needed more support.

The service liaised with relevant agencies to request mental capacity assessments and deprivation of liberty safeguards. However, no records were maintained of the correspondences.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People told us their health and care needs were met. People were referred to health and care professionals as required.

Is the service caring?

Requires Improvement ●

The service was caring.

The service did not identify and record people's religious, spiritual and cultural needs and did not record people's life

histories.

People and their relatives found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect. Staff were able to describe the people they supported their needs and preferences.

People told us they mostly had the same staff team, but were not informed of any changes to the staff attending them.

Is the service responsive?

The service was not responsive.

People's care plans lacked necessary information to help staff provide individualised care. Care plans were not person-centred and did not include people's personal histories, wishes and preferences.

Staff understood people's needs and any concerns were reported to management. However, concerns raised were not always recorded in the care plans.

There was a complaints procedure in place however, was not always followed. People and their relatives felt they were not asked for their feedback, when they had raised concerns or made complaints they were not always responded to promptly.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

There were some records of audits and checks to monitor the quality of the service however; there were no dates on the records.

The service lacked a robust system to monitor staff attendance and their timekeeping, safety and quality of the service.

All the people, their relatives and staff we spoke to felt that the service needed improving. People and their relatives told us they were not always able to speak to the registered manager, and their messages and calls were not always returned. People's feedback was not sought.

The registered manager is working closely with local authorities to improve aspects of the service.

Inadequate ●

Skillcare Limited

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 on 20 April 2016 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure the registered manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection consisted of two adult social care inspectors.

We spoke with the registered manager, the two deputy managers and four care staff. Following our inspection, we visited two people at home with their prior consent and contacted five people and two relatives.

We looked at six people's care records including two records kept in people's homes (with their consent) and eight staff files including their recruitment and training records.

We looked at service's statement of purpose, policies and procedures, accidents / incidents and complaints records, staff team meeting minutes and improvement action plans.

We contacted commissioners and safeguarding teams.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I feel safe with staff." People and their relatives told us they usually had the same staff team which they found reassuring as staff knew how to support them.

Staff told us they had received training in safeguarding. They were able to describe the types of abuse, some said they would report concerns to the manager, but some were not sure of their role in reporting concerns. Staff was not sure if they were expected to contact the family or the local authority if they had concerns and the registered manager was not accessible. Staff lacked understanding of the threshold of safeguarding and the role of external agencies. Not all safeguarding concerns were recognised by the service and notified to the relevant agencies, for example, care staff had failed to notice the person they were supporting were self-neglecting, not eating well, and it was only picked up at a care review which was conducted by the commissioner.

We checked accident and incidents' log, they were blank. The service did not maintain a safeguarding log.

People told us that if they did not feel safe they would contact the registered manager, they had their contact name and office number. However, they were not sure if they would be able to speak to the registered manager as they were mostly not available and did not always reply to their messages and missed calls. The registered manager told us they were understaffed and hence, were unable to reply to all messages and missed calls. The service did not have systems and processes that operated effectively to prevent abuse of people using the service.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us care staff did not always attend care calls. We spoke to one person, their care staff had not visited her two days in a row and the service did not respond to her calls and messages. We spoke to the registered manager and we were told that they were arranging another care staff to visit her. Missed calls were not always recorded clearly. In one person's care plan, we noticed the care staff had missed two afternoon care calls however; no reasons for the missed calls were recorded in the daily care logs. We asked one of the deputy managers of these missed calls; they said they were not aware of them. We asked the registered manager, they confirmed the care calls were missed because of an arrangement that had been made with the person and their relative. The registered manager told us that the care staff had recorded the arrangement in the daily care logs, when we viewed the daily care logs we did not find any such records.

We reviewed the service's recruitment and selection policy and procedures; it was not signed or dated as per their own requirements. The registered manager told us that they were working with a human resources consultant and they were in the process of reviewing and updating all their policies and procedures.

We looked at staff files, some were well organised however, not all had records of the application form,

interview assessment evidence, Disclosure and Barring Service (DBS) criminal checks and reference checks. References were not always validated by company stamp or headed paper, some references had address details missing. The service's DBS audits were incomplete and without any dates thereby putting people at risk of being supported by staff who were not safe to provide care.

The service experienced staff shortage six to eight months ago. The registered manager told us there were a number of vacant positions for care staff and senior staff; to address this they had undergone a big recruitment drive in the last six months. Staff that were recruited in the past six months went through the interview selection process. However, one of the newly recruited staff members told us that they did not go through an interview process. The registered manager was not sure why this person had not been through an interview process but assured us they had interview systems in place that they intent to follow.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us recruitment was still on the top of their priority list and that they were using various mediums including liaising with local colleges to recruit people with right skills and knowledge.

There were risk assessments in place for areas such as premises, choking, falls and moving and handling. However, risk assessments were not always personalised, for example two people's risk assessments did not consider their restricted mobility and access to wheelchair, this meant, in case of emergency, people would not have received support in a way that met their individual needs. Some risk assessments were out of date which meant people's current level of needs and abilities were not taken into consideration thereby putting people at risk of harm.

Most people received medicines in blister packs mainly supplied by the local pharmacy. However, at times care staff did collect medicines from the pharmacy if there were no medicines at people's homes. There was no system to record collection of medicines but the registered manager told us they were working on a medicines policy and a robust system to record collection of medicines. We viewed the daily care records and medicines administration record (MAR) sheets, not all of them were clear and were difficult to understand. The registered manager told us they were redesigning MAR sheets so that they were easier to follow.

One person's care plan in their homes did not have details of the management of their medicines. One staff member told us, information regarding the medicines was not clear, the blister pack just said daily on the medicines, but did not clarify if the medicines were supposed to be supervised in the morning or the afternoon. Another person's care file in their home had an out of date care plan and no risk assessments. This meant staff would not be able to meet people's needs safely. The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People and their relatives told us staff knew their health and care needs and were able to provide the right support. People told us "my health and care needs are met" and "staff support me well with my personal care and medication." Most staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

Most staff told us they felt supported by management however, two staff told us, "Sometimes it can be challenging to work with the management". Staff had not been receiving regular supervision and felt they needed more support.

We checked staff supervision policy, it stated staff should receive supervision at least six times a year (the minimum would be four). We observed some staff had not received any supervision and they had been working with the service for over two years. Some staff had received supervision only twice a year. This meant staff received insufficient support to enable them to carry out their responsibilities.

We looked at staff appraisal policy, it stated staff would receive appraisal sessions once a year. We looked at staff appraisal records, some had appraisal records for one year and some staff files had no appraisal records. The registered manager told us they were behind with appraisal and supervision however; they have now recruited two deputy managers who will be supporting them with staff supervision. The provider's policies were not followed and meant the service was in breach of their policies.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received relevant training, they gave examples of the training they had completed. They felt the training was helpful; most of the training was online and included watching videos. One staff member said they wanted more training on medicines administration.

Staff attended a three day induction course that they commenced as soon as they were selected for the role and before they started work. The induction included training around communication, role of health and social care worker, principles of safeguarding, principles of implementing duty of care, moving and handling, health and safety and first aid. Staff also received additional training in medicines administration, nutrition and well-being, fire safety, food hygiene, and the principles of the person-centred approach. We saw the staff induction training programme however; there were gaps in the training records. The registered manager confirmed that there were lack of training records and it was an area they recognised needed improving.

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.

The service had consent forms in people's care plans but we found not all of them were completed and signed by people receiving care. We saw that care records made no reference to people's capacity. There were no records in the care plans for staff to know when to support people to make decisions. People's care plans did not state who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. This meant staff did not know who to contact when necessary.

Domiciliary care agencies must make Deprivation of Liberty Safeguards (DoLS) applications to the Court of Protection where appropriate. This is undertaken by making a DoLS request to the local authority as the Statutory Body. Though the service had not needed to make any applications to the Court of Protection, the registered manager told us that they had recommended one person using the service to the local authority for a DoLS application. However, there was no information in the person's care records about this recommendation. This meant that the service was not documenting and assessing, where necessary, people's ability to consent to care.

There were no records of staff receiving MCA training. One of the senior staff we spoke with was able to demonstrate the principles of MCA; however, they felt they needed to update their knowledge on MCA. Other staff we spoke with were not able to demonstrate an understanding of MCA and DoLS. This meant that staff were not always aware of people's legal rights.

People told us their health and care needs were met. The care records did not always detail information on people's needs in relation to nutrition and hydration and did not record what people had eaten and drunk. The care records did not detail people's likes and dislikes in food and drinks and that meant staff were not informed of people's preferences.

The registered manager told us that they recognised care records as their weak area and were aware the care records needed improving. They told us they were going to carry out care reviews to update people's care records.

People and relatives told us staff and management contacted health and care professionals as and when required. However, we did not see any records of the correspondence and referrals, and any changes to the person's needs after health and care professionals' intervention.

Is the service caring?

Our findings

People and relatives felt staff were caring and provided good support. They told us, "I have got nice staff, they ask me what I want, and they are very good at what they do. Staff respect me and they do listen to me." and "I find staff friendly, they do their job, respect my wishes and privacy."

Staff we spoke with were able to describe the needs, wishes and preferences of people they cared for. Staff told us they would ensure a person's needs were met before leaving their home. One staff member told us they used different approaches whilst supporting different people as people had different levels of communication abilities and health and care needs. They told us, "I know when people are happy as they would smile and feel confident with me, I am proud of the work I do."

People told us they were not informed of any changes to the staff attending them and they felt that was uncaring on the service's part.

People felt they were involved in planning and making decisions about their care.

One relative told us, "when staff turned up, they were excellent." Another person said, "I get different staff but they do their job, they know me well." However one person said, "staff are rushed, does not have time to talk, they start very early in the morning and finish very late at night, mostly, staff are good but do get some that upset things, I don't like complaining as they are working all the time. I have no privacy, staff does not listen to me, and they are busy with themselves."

Staff were able to describe the importance of preserving people's dignity when providing care to people. One staff member told us they ensured the curtains were closed when supporting people with personal care to maintain their privacy.

The registered manager told us there was a service user handbook that detailed all the information people receiving care needed to have however, people we spoke with had not seen the service user handbook and we could not find copies of them at people's homes.

We saw people's personal information was stored securely which meant that their information was kept confidentially.

Is the service responsive?

Our findings

People and relatives said that staff were responsive to people's health and care needs. One person told us, "the staff are helpful." Another person said, "the staff knows me very well." People told us they mostly had the same staff team, but were not informed of any changes to the staff attending them. One person said, "my staff is lovely," On relative said, "when staff do turn up, they are brilliant. They are some of the best staff."

Care plans were task-led and lacked a person-centred approach. People's care plans lacked necessary information to help staff provide individualised care. Care plans were not person-centred and did not include people's personal histories, information about their background, religion and spiritual needs, and wishes and preferences such as favourite food.

One person's care file in their home, had an out of date care plan, in effect there was no care plan in this person's care file. This meant staff were not always informed about this person's health and care needs. We asked the staff who had supported this person in the last month and registered manager separately about the person's health and care needs; we were given two different descriptions. We spoke to the person receiving care and they felt, staff did their job, but were not always sure of what support to expect.

The registered manager told us they were aware that the care plans needed to be person-centred including personal histories. The registered manager informed us they were updating care plans and was receiving support from two local authorities.

Staff understood people's needs and any concerns were reported to management. However, concerns raised were not always recorded in the care plans. One care staff told us they had seen a gradual decline in the abilities of the person they were supporting which meant it was taking longer for them to support them. The care staff reported this to the management, which led to care needs review however, there were no records of this on the care plan.

Most people told us staff did not turn up on time and did not receive care calls as planned. One person told us, "Sometimes staff come in the afternoon for my 10am care call. This means I have to rely on my family to help me with personal care which means they were unable to meet with their planned daily commitments." One relative told us, "Initially, care services were tough, staff would not arrive on time, and at times only one staff would turn up to meet two staff care calls." People felt things were getting better and the occurrences of staff turning up late or missed calls were less frequent.

There was a complaints procedure in place however, was not always followed. People and their relatives felt they were not asked for their feedback, when they had raised concerns or made complaints they were not always responded to promptly. Some staff could not describe their role in dealing with people and their relatives' complaints.

We saw the provider's complaints policy however, after speaking to people, relatives and professionals, it

was clear that the complaints policy was not always followed thoroughly. Most people and their relatives had made complaints around staff not arriving on time, not being informed of change of staff and missed calls. Most people and their relatives felt management took a long time in responding to complaints. One relative said, "I requested a change of staff however, management did not consider my request and I had to ask the staff discontinue. It was an awkward situation for me." One person told us, "my staff did not turn up yesterday and this morning, I have called office five times now but no one has got back to me."

The registered manager said they acknowledged the need to address complaints as per the complaints policy and within stated timeframes, and were already implementing changes. Although people and relatives were not always happy with the service's response to complaints we saw the registered manager had recorded and responded to complaints appropriately and was actively working to improve their response to complaints.

We saw a compliments folder and there were two messages from two people receiving care stating how happy they were with the staff and found them caring, honest and sensitive.

Is the service well-led?

Our findings

The service had a registered manager in post. People and their relatives told us they were happy with the staff. One person said, "staff are brilliant" and one relative said, "they have some of the best staff". However, people and relatives told us they were not always able to speak to the registered manager, and their messages and calls were not always returned.

Staff told us they did not feel well-informed about any changes made to the company's policies and procedures, and their care practices, and felt they needed more support. People, their relatives, staff and professionals felt they often had to ring a few times before they received a response. We checked staff team meeting minutes and the records showed team meetings were mainly attended by office staff and senior carer staff. The registered manager told us care staff struggled to attend staff team meetings. In order to keep staff informed the registered manager sent text messages to staff regarding any changes that affected them. The registered manager recognised the need to improve communication and engagement with the staff.

There were some records of audits and spot checks to monitor the quality of the service however; there were no dates on the records. The service lacked a robust system to monitor staff attendance and their timekeeping, safety and quality of the service. "Spot checks" (a check on staff in people's own homes) were sporadic and not all spot check records were dated and signed. The registered manager told us, they were formalising spot checks frequency to get consistent results.

The registered manager told us they were introducing an electronic logging system that will record and monitor staff attendance time and missed calls.

The registered manager informed us that they were going to introduce a staff rewarding system in order to encourage staff to attend calls on time and perform well.

We asked the registered manager if there were any quality checks or reviews of health and safety following accidents. We also asked if they assured the quality of care planning, policies and procedures, handling of complaints, staff supervision and if medicines were audited or the views of staff and people who used the service were sought. The registered manager told us they had carried out some quality checks but they were unable to provide these to us either during the inspection or subsequently.

People and their relatives told us they had not been asked for their feedback. The registered manager told us that they were in the process of developing a system to seek people's feedback on a regular basis.

However the provider did not have effective systems and process in place currently to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We checked the service's action plans with two local authorities. The registered manager was working closely with local authorities to improve various aspects of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support. Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not developed systems and processes that operated effectively to prevent abuse of people using the service. Regulation 13 (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures must be established and operated effectively that person employed meet the conditions. Regulation 19 (2) (a)

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively. Regulation 18 (1) (2) (a)