

Social Care Personal Assistants Limited

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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?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

The inspection took place on 11 January 2017. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Social Care and Personal Assistants is a domiciliary care agency registered to provide personal care to people in their own homes. There were three people being supported with personal care at the time of our inspection.

At the last inspection of the service in 21 June 2016 we found the service was not meeting the regulations in regards safe recruitment of suitable staff. The provider sent us an action plan of how they would ensure this would not happen again. At this inspection we found that this regulation had been met.

There was a registered manager in place for the service. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005(MCA) and report on what we find. No one being supported by the service lacked the mental capacity to make day-to-day decisions. Staff demonstrated to us that they respected people's choices about how they would like to be supported. However, not all staff were able to demonstrate a sufficiently robust understanding of MCA. The lack of understanding could increase the risk that any decisions made on people's behalf by staff may not be in their best interest and as least restrictive as possible.

Plans were put in place to reduce people's identified risks, to enable people to live as safe and independent a life as possible. Arrangements were in place to ensure that people were prompted with their prescribed medication when needed. However, staff were administering medicines without recording them on the medicines administration record. This meant that accurate records of staff supporting people with their prescribed medication could not be kept.

People were supported by staff in a respectful and caring way. Individualised support and care plans were in place which recorded people's care and support needs. These plans enabled staff to identify any assistance a person may have required.

Arrangements were in place to assist people when needed to access a range of external health care professionals and were assisted to maintain their health and well-being. Where required, staff supported people to maintain their links with the local community to promote social inclusion. People's health and nutritional needs were met.

People were able to raise any concerns or suggestions that they had with the registered manager and staff and they felt listened to. Communication between people and the office and staff management was good.

Pre-employment safety checks were in place to ensure that all new staff were deemed suitable to work with the people they supported. There were enough staff available to meet people's care and support needs. Staff understood their responsibility to report any concerns about poor care practice.

Staff undertook training to provide care that met people's individual care and support needs. Staff were assisted with their training needs by the registered manager to maintain and develop their skills. The standard of staff members' work performance was reviewed by the registered manager through supervisions, appraisals and spot checks. This was to ensure that staff were competent and confident to deliver the care and support required.

The registered manager sought feedback about the quality of the service provided from people who used the service. Staff were notified of any updates and changes to the service via e-mail communication. Quality monitoring processes to review and identify areas of improvement required within the service were in place.

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 consistently safe

People who were assessed to need some assistance from staff were supported with their medication as prescribed. However, medicines administration records were not being kept.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any concerns about poor care.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that new staff were recruited safely

Is the service effective?

Requires Improvement ●

The service was not consistently effective.
Staff were not always aware of the key requirements of the MCA.
There was a risk that people's right may not be upheld.

Staff were trained to support people. Supervisions, appraisals and spot checks of staff were carried out to make sure that staff provided effective care and support to people.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were caring and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

People were able to continue to live independently with assistance from staff. Where needed, staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and reviewed.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Is the service well-led?

The service was well- led.

Staff told us the registered manager was approachable, supportive and open to suggestions.

A process was in place to obtain feedback on the quality of the service provided from people through questionnaires

Good ●

Social Care Personal Assistants 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 was 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.

We undertook an announced inspection of Social Care Personal Assistants on 11 January 2017. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

We spoke with one in person at their home, a representative and one relative by telephone. We also spoke with the registered manager and three care workers.

We looked at three people's care and medication administration records, the systems for monitoring staff training and six staff recruitment files. We looked at other documentation such as quality monitoring records and policies and procedures. We also looked at records of staff training, supervision, appraisals, spot checks and complaints records.

Is the service safe?

Our findings

Care records we looked at showed whether the person, their family or staff were responsible for administering, prompting or assisting, and collecting the prescribed medicines. At the time of this inspection the registered manager told us two people were independent with their medicines and required staff support to prompt or assist them only. However, we observed that a staff member administered medicines to one person correctly and safely but had not recorded this on a medicines administration record (MAR) as there was none in the care file. The staff member told us this was what they did daily to ensure that the person took their medication correctly. The staff member recorded in the daily notes that the person had their medicine. Another staff member we spoke with told us "I open the blister pack put it in their hand and give them a glass of water. I make sure they swallow it ". We saw the persons medicines were listed in the front of the care file and this agreed with the blister packs. This enabled the agency to identify which medicines staff had given

There was no medicines risk assessment to ensure that people were capable of taking their medicines safely. The registered manager told us this was undertaken by the social worker and was a part of the care plan by the social services so they were aware the people were capable of taking their medicines unassisted. We saw staff commented in the daily notes that "meds were prompted". The person who used the service told us "Staff always give me my medicine with a glass of water. When I swallow it I tell them it is gone". We discussed this with the registered manager who confirmed the two people did not always require staff to administer their medicines but to be reminded or prompted to take them. However they would record all medicines administered on the MAR from now onwards. Immediately after the inspection the registered manager informed us that a MAR was included in people's care plans for staff to record the medicines given.

People who were assisted by staff with their medicine told us that they had no concerns. There was a medicines policy to guide staff on matters concerning administration and recording of medicines. Staff received training and competency assessments for medicines administered to make sure they were able to do this safely. Staff also told us and observations on how they prompted people with their medicines formed part of the provider's spot checks. However, this was not always formally documented.

People told us that they felt safe using staff from the agency. A person when asked if they felt safe with staff that supported them support they told us, "Yes. They are very good. They make sure the y put the brakes on before I transfer to my chair. So I don't fall. I walk with staff slowly. They are very good" other comments included " They make sure everything about me is written so staff know how to support me and keep me safe". They check everything and lock the door when they leave". One relative told us "They handle our family member well and they do everything to make sure they are safe".

Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any poor practice or suspicions of harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. One staff said "Verbal abuse, financial abuse, physical abuse and neglect are some of the abuses that could happen in some body's home. I will report it to the manager if I witness anything like that"

.The staff we spoke with were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. Information on how to raise a concern was also found on the notice board in the agencies office. This was so that any staff or visitors could note the information should they need to do so. This showed us that there were processes in place to reduce the risk to keep people safe.

We saw that people's care and support needs had been assessed. Risks had been identified and assessed to reduce the possibility of harm. Risks included risk of falls, moving and handling, hoist risk assessments. We found that there were risk assessments in place which detailed the internal and external environment of people's homes as guidance for staff. These care and support plans and risk assessments gave individual guidance to staff to help people maintain an independent and safe a life as possible. One social care professional who was involved with a person who used the service said "The agency worked well with a family and the local authority ensuring agreed activities were undertaken, monitoring and reporting any safeguarding concerns and attending strategy meetings.

Staff said that they had time to read people's care and support plans. They said that they contained enough detailed information for them to know the person they were supporting to deliver safe care. All the people's care and support plans we looked at were up-to-date with correct information about how a person was supported with their medication.

Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a Disclosure and Barring Service check [this enabled employers to recruit suitable staff to support vulnerable people) photo identification, gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. At the last inspection we found that two staff files did not contain required information to ensure that suitable staff were recruited to care for vulnerable people. The provider sent us an action plan of how they would ensure this would not happen again. At this inspection we saw that appropriate recruitment documentation were in place. This showed us that there were measures in place to help ensure that only suitable staff were employed at the service.

People said that staff arrived on time to support them and they stayed the allocated amount of time. A relative told us that if staff were running late this was always communicated to them so they would not worry. People told us that they had regular staff and as such they had a positive relationship with staff members who supported them. A person told us that they had two main carers who were both very good. One person said "They all very good. The registered manager told us that if one of their care workers was off sick, they would get a different staff member as they have more than enough staff. They told us they were also hands on so were able to cover any shift.

The care records we looked at had assessed each person needs and this helped determine how many staff a person required to assist them. This showed us that there were enough staff available to work, to meet people's support needs and, to meet the number of care hours contracted. We found no evidence of missed or late care calls and people we spoke with confirmed this. One person said I never missed any calls. They come every day" This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

The registered manager showed us a business contingency plan document to guide to staff in case of any foreseeable emergencies. This showed that there was information for staff in place to assist people to be evacuated safely in the event of an emergency.

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 checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager told us that one person who was being supported by the service lacked the mental capacity to make day-to-day decisions. The family were very much involved in providing personal care and support to the individual. The agency staff assisted the family as they required in terms of the person's personal care and support. We saw that there were mental capacity assessments and a best interest decision in the care file and these had been reviewed.

Staff demonstrated that they respected people's choice about how they wished to be supported. Staff and records showed that staff had training on the MCA. However, not all staff were able to explain clearly to us the principles of the MCA and how they would ensure people's right was upheld. The lack of understanding could increase the risk that any decisions made on people's behalf by staff may not be in their best interest and as least restrictive as possible. The registered manager told us they would organise refresher training for staff on MCA.

People said that staff respected their choices. One person said that staff helped them maintain their independence and that this was important to them. One person said "I do as much as I can do for myself and the staff will do the rest for me. It is important to me". Staff had a clear understanding about including and involving each person in decisions about all aspects of their lives. One staff member said, "I always respect people's choices and always asked their permission before supporting the person for anything." Another staff member told us, "I let them decide what they want to do for example. I let them wash the places they can wash and I help them with the rest to respect their choice." People were supported to help them remain independent in their own homes, which was their goal.

People told us that when needed, they were supported by staff with their meal and drinks preparation. A person said, "Staff will help prepare my breakfast and my teatime meal." They told us that staff made sure there were plenty of drinks available before they leave. Comments included "Generally I have cranberry juice and it is always available".

Staff told us that they were supported with regular supervisions, appraisals and spot checks of staff working were undertaken by the registered manager. Records confirmed this. Staff said that when they first joined the team they had an induction period which included training and then shadowing care calls with a more experienced member of staff for several days. This was until they were deemed confident and competent by

the registered manager to provide safe and effective care and support to people.

One person told us that the staff had the skills and experience to meet their needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the registered manager's record of staff training undertaken to date. Training was a mixture of in-house training, online and tests of staff's understanding. Training included, but was not limited to, food hygiene, first aid, infection control, fire safety, safeguarding adults, health and safety, and moving and handling. This showed us that staff were enabled to provide effective care and support.

People told us that they had not needed staff to support them to visit external healthcare professional appointments if needed. One person told us "My son will take me if I have to go to an out-patient appointment and my GP will visit me at home if I am not well. However, Staff would help me make those appointments or accompany me if I ask them". One relative told us "No we do all those for my family member. We call the GP if needed or they are unwell". This meant that staff would support people with external healthcare appointments when required.

Is the service caring?

Our findings

People and relatives had positive comments about the service provided. A person described the service as, "Very good, I couldn't fault them" A relative said that, "The agency is very good we have no concerns." Care records we looked at included information about the person being supported. This included people's individual wishes on how they wanted to be assisted. People told us that they were involved in decisions about their care and that communication was good. Information that was documented about a person in their support and care plans gave staff a greater understanding of the needs of the person they would be supporting. Staff had a good knowledge of this information.

People told us staff supported them in a respectful and caring manner. One person told us "They are very good, very caring". They don't rush me at all. I feel very comfortable with them (Name of staff) A relative told us "Staff are very caring, kind and professional. They are polite. We are very happy with our carers" Our observations showed that there were positive interactions between people and their care staff. We saw examples of good humour which was appreciated by both parties. A person confirmed to us that, "I always joke with (Name of staff). I like their company"

People told us that staff treated them with dignity and respected their right to privacy when supporting them. One person said how they had some assistance from staff with their personal care and that staff always made sure their dignity and privacy was respected. Comments included "They make sure I do my front bit and they do my back and the rest for me. They are very good. They close the door and draw the curtain. Sometimes I tell (Name of staff) to wait outside and I will call them when I am ready and decent". A relative told us "They cover our family member up when they are washing them. They close the door and draw the curtains. I make sure I leave the room and go back when they finish washing and dressing them".

Staff we spoke with were able to demonstrate their knowledge of the different ways they would support a person with this type of care whilst maintaining their privacy and dignity. This included closing curtains and door when carrying out this type of support and asking the person's permission first. This meant that staff were aware that they needed to promote the privacy and dignity of people they assisted.

The registered manager showed us documented evidence that the service user guide included information for people on advocacy services. This document was given to people when new to the service. Advocates are for people who require additional support in making certain decisions about their care.

Is the service responsive?

Our findings

People's care and support needs were planned and assessed to make sure that the service could meet their individual needs. This was undertaken by the registered manager and in conjunction with the person and relatives if required. A personalised care and support plan was then put in place to provide guidance to staff on the support and care the person needed.

People's support and care plans detailed how many care workers should attend each care call and they prompted staff about how people wished to be supported. This helped care staff to be clear about the support and care that was to be provided. We noted details in place regarding the person's family contacts, and health care professionals such as doctors and district nurses. Individual preferences were recorded and included what was important to people such as maintaining their independence. Daily notes were completed by care staff detailing the care and support that they had provided during each care visit.

Reviews were carried out on people's care records to ensure that people's current support and care needs were recorded as information for the staff that supported them. Staff confirmed to us that if they felt that the support and care plans needed updating to reflect people's current needs, they would contact the office and this would be actioned. One staff member told us "If I see any changes to peoples support needs I will let the manager know so they can update the care plan."

The support that people received included assistance with personal care, prescribed medication and household chores. People told us that this assistance helped them maintain their independence and continue to live in their own homes. At the time of this inspection people required minimal support from staff to maintain their links with the local community. They told us that staff supported one person to access the local community to help people feel less isolated. The registered manager told us people would be supported with collecting their prescribed medication, booking appointments and supporting them on shopping trips out. This meant that the service would assist people to maintain their links with the community when required.

Staff were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. One social care professional told us "An emergency situation with a complex condition arose from an existing provision. Emergency accommodation was identified but additional staffing was needed to support the person on a 24/7 basis. Social Care Personal Assistants (SCPA) were the only provider who came forward and were able to provide the service required at very short notice. We were very pleased with this response. Overall they provided a very good service for this situation, providing consistent and intensive support in challenging circumstances". This showed that staff and the agency understood the help and assistance people required to meet their needs.

People told us that that they knew how to raise a concern. They said that they felt that they were able to talk to staff and that their suggestions and concerns would be listened to. One person said "As long as I am comfortable I am not the one for complaints but I will let the agency know if I have any concerns." One representative told us "They (Name of the person) seems happy with the carers and have not raised any

concern at all. I will assist them to phone the agency if they feel uncomfortable or becomes worried about any aspect of their care." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns. We noted that the service had a complaints policy which was included in the service user's guide. Record showed the service had not received any complaints about the service provided since the last inspection. The registered manager told us if they received a complaint it would be investigated, responded to in a timely manner, and any actions taken as a result of the investigation into the concerns would be documented and to the complainant's satisfaction.

Is the service well-led?

Our findings

The service had quality assurance systems in place to review and monitor the quality of the service provided. These included auditing staff files and people's care records. Other monitoring methods were one to one supervisions, spot-checks and direct contact with people who used the service and assessing people's day to day needs. Questionnaires had also been sent to people asking about the standard of support they received. Questions asked included if staff responded to promptly to their request, if staff were caring towards them and if they were happy with the service provided. We saw that people's feedback on the service was all positive.

The registered manager told us an action plan would be put in place to make any improvements required if there were concerns raised or any negative comments made. One person said that they were, "I am very happy with the service I am getting". A relative told us "The agency is very good. We have no concerns at the moment but we will let you know if anything comes up".

There was a registered manager who was supported by care staff and office staff. People had positive comments to make about the staff and the service. One person described the staff support given as, "Very good. They know what they are doing." Another person said, "I don't know what I would do without them I am very happy with all I am getting"

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. We found from the records we looked at and staff we spoke with that there had been no need to inform the CQC of any events, that by law, they are required to do so.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. They were aware that the values of the service was to deliver a high standard of care to people they supported. One staff member told us "The registered manager is very supportive and very approachable. Any issues, any problems, I will call her she is very understanding. If you put in a suggestion to improve the service she is open and considerate". Other comments included "Our values are to respect, support, empower and keep people safe in their own homes as much as they like".

Staff told us that the registered manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. Staff said that they felt supported. We saw evidence that staff were made aware of staff meetings well in advance. However, the registered manager and staff we spoke with said that these meetings were not well attended. We saw that the last meeting was on 24 October 2016. Issues discussed included Qualifications and Credit Framework (QCF) training at level 2, infection control training, timesheets and record keeping. In response to this the registered manager e-mailed updates to staff members so that they would be aware of the most up-to-date service information. Staff we spoke with confirmed this.

Staff were regularly reminded of their roles and responsibilities at supervisions and via e-mail

communication. They demonstrated to us their knowledge and understanding of the whistle-blowing policy and procedure. Staff told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. They demonstrated that they knew the lines of management to follow if they had any concerns to raise.

The registered manager told us they regularly updated their practice by using on line resources which included: CQC website and bulletin and share these with their team. They told us they were a member of national academy for registered managers and receive information and resources from the organisation. They currently hold a certificate in Level 5 in leadership for health and social care. They told us they also liaised with other local registered managers to share good practice and discuss issues and challenges that could be faced within the industry.

The provider who is also the registered manager was able to provide appropriate support to the service as they were able to provide adequate numbers of care staff to people in their home as required. This was because the provider had more than enough staff with skills and knowledge employed by the agency. This meant that suitable staff with the right skills and training would be used to support the service when needed.

The quality and safety of the service was monitored regularly. Although there had not been any accidents and incidents recorded as having occurred the registered manager described the system in place to record incidents and accidents if they occurred. The reports of such events would be analysed to identify any emerging trends and areas of risk. In response to this information action plans would be developed to remove the likelihood of such incidents re-occurring. They told us that learning from complaints would also take place with appropriate action taken to improve the service where necessary.