

Selikem Care Options Limited

Selikem Care Options

Inspection report

Brook House
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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: Selikem Care Options is a domiciliary care agency. It provides the regulated activity of personal care to older people living in the community in their own houses and flats.

At the time of the inspection, 20 people received personal care from Selikem Care Options.

People's experience of using this service:

- The management good governance systems had been improved to ensure all aspects of the service delivery were continuously assessed and monitored.
- The recruitment practices had been improved to ensure appropriate checks were completed on staff employed to work at the service.
- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- Specific risks to people's safety were assessed and strategies were put in place to reduce the risks.
- Staff were deployed in sufficient numbers to continuously meet people's needs.
- Where the provider took on the responsibility, people's medicines were safely managed.
- Staff received training that enabled them to have the skills and knowledge to provide effective care.
- Staff received on-going support from the management team.
- People received appropriate support to maintain good nutrition and hydration.
- People were treated with kindness, compassion and respect.
- People and their relatives were involved in the assessment, care planning and on-going reviews of their care.
- Staff supported people to have maximum choice and control of their lives.

Rating at last inspection: Requires improvement, (the last report for Selikem Care Options was published on 15 December 2017).

At this inspection the rating had improved to Good.

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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.

Selikem Care Options

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Selikem Care Options is a domiciliary care agency. It provides personal care to people living in their own houses and flats and provides a service to older adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection started on the 28 March 2019 by making telephone calls to people using the service and staff. The inspection ended on 8 April 2019 by visiting the office location to meet with the registered manager and review records, policies and procedures.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR 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 looked

at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with four people using the service, two care staff, the care co-ordinator, the administration assistant and the registered manager. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included three staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

Is the service safe?

Our findings

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

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

At our previous inspection on 15 December 2017, the recruitment and selection procedures were not sufficiently robust to ensure the employment of fit and proper persons. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection, we found the provider had made the required improvements to their recruitment practices.

Staffing and recruitment:

- The registered manager completed the necessary employment checks before staff started working at the service. These included, proof of identification and right to work visa checks, Disclosure and Barring Service (DBS) checks, and obtaining written references from previous employers.
- Staff were deployed in sufficient numbers to meet people's assessed needs. People confirmed they generally had the same team of staff attend their calls and the staff usually arrived at the agreed times. People said if staff were running late, they always received a call from the office to inform them of this.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with consistently confirmed they felt protected from the risks of harm, abuse and discrimination. One person said, "I feel very safe with the staff that come to my house, I trust them implicitly."
- Staff confirmed they received safeguarding training, they were knowledgeable about the different types of abuse and how to report any concerns of abuse.
- Information was made available to people using the service and staff on how to raise any safeguarding concerns.
- The registered manager ensured that all staff received safeguarding training and understood their responsibilities to protect people from the risks of harm and abuse.

Assessing risk, safety monitoring and management:

- Risk assessments identified specific risks to individuals and the support staff needed to provide to minimise the risks. For example, people at risk of poor food and fluid intake, poor mobility and pressure area skin breakdown.
- People at high risk of developing pressure sores had pressure relieving mattresses and cushions in place. Records showed on each visit the staff closely monitored people's skin integrity and checked that pressure relieving equipment was working effectively.

Using medicines safely:

- People told us the staff supported them to take their medicines safely. One person said, "The staff give me my medicines as soon I get up, with a light breakfast and a nice cup of tea."

- Staff told us, and records showed staff received medicines administration training and observations took place to assess they administered people's medicines safely.
- The staff worked in partnership with family members to ensure people's medicines were consistently managed safely.

Preventing and controlling infection:

- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. One person said, "They always tidy up after themselves, clean the bathroom, make the bed and do the washing up."
- Staff told us, and records showed they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

Learning lessons when things go wrong:

- The registered manager and staff they told us there had been no accidents or incidents.
- Staff told us if anything did occur they were confident the registered manager would share learning through team meetings.

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.

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

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

- People told us their needs were assessed prior to taking up care with the provider. One person said, "They visited me at home and talked about my needs, the things I could and could not do anymore. I felt it was quite detailed, they asked lots of questions."
- Staff knew about people's individual preferences, likes and dislikes and routines. They confirmed they had time to read people's care plans and any changes to people's needs was communicated to them timely.

Staff support: induction, training, skills and experience:

- Staff received induction training that included completing the Skills for Care, Care Certificate modules. These are an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care sectors.
- The registered manager and the administration assistant held 'Train the Trainer' certificates on moving and handling and medicines administration. Updated training had been arranged to keep their certifications valid.
- Staff told us they felt supported by the management team. Records showed they received individual supervision to discuss their work performance, and any training and development needs.

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

- The care records showed people's dietary needs were assessed. People told us the staff provided them with support to eat and drink sufficient amounts. They all confirmed their meals were either prepared by family members or they used frozen ready meals, which the staff reheated for them.
- The staff told us and records showed they closely monitored the food and fluid intake for people identified at risk of malnutrition and/or dehydration.

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

- The registered manager and staff worked in partnership with other health and social care professionals to maintain people's health. For example, district nurses and occupational therapists.
- Staff were aware of what action to take if people were unwell or had an accident. Although at the time of our inspection no situations had occurred where they had needed to follow this procedure.
- People's care records contained information about their medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.

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

- Staff told us and records showed they received training on MCA. Staff understood the importance of supporting people to make choices, and people confirmed the staff always asked their consent before providing their care.
- The registered manager confirmed no people using the service were currently subject to any restrictions to their liberty under the Court of Protection.

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

Good: 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:

- People told us that staff were kind and caring. One person said, "They [staff] are very kind, they come into my home, they are very respectful and courteous, please tell them that I am extremely happy with the care I receive."
- Discussions with the staff demonstrated they had a caring attitude towards people and had a good awareness of providing person centred care, in meeting people's individual preferences.
- The staff talked about people in a caring, compassionate and respectful way. One member of staff said, "I like to think I provide care for people like I would for my own parents."

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

- People were supported to express their views and be involved, as far as possible, in making decisions about how they wanted their care and support to be provided.
- Home visits were carried out to obtain feedback from people on the quality of service they received. All the comments received from people were positive.
- People were, involved as much as possible in developing and reviewing their care plans.
- Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives. However, the people currently using the service were supported by close friends and relatives and did not require an independent advocacy service.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity was always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People confirmed the staff promoted independence. For example, ensuring people's walking aids were left close to hand.
- All staff signed up to a confidentiality agreement. Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

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

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

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

- People received personalised support specific to their needs and preferences. Staff understood the importance of seeing each person as an individual, with their own social diversity, values and beliefs.
- The care plans gave information on people's individual daily routines, how people wanted to be supported and preferred care visit times.
- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Improving care quality in response to complaints or concerns:

- A complaints policy was in place, which had the provider and local authority contact details. The people we spoke with confirmed they had the details to raise any complaints but had not had any reason to make complaints. The registered manager also confirmed no complaints had been received at the service.
- The registered manager told us, and staff and records confirmed, that checks were made at quality care visits to ensure people continued to be satisfied with the care and support they received.

End of life care and support:

- At the time of the inspection no people were receiving end of life support. The registered manager said they planned to arrange for all staff to receive end of life training in the event this level of care was needed.

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.

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

At our previous inspection of 15 December 2017, the good governance systems were not effective in assessing and monitoring the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection, we found the provider had made the required improvements.

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

- Since the last inspection the quality assurance systems had been improved. Records showed that all aspects of the service delivery were routinely reviewed to check quality and identify areas for improvement.
- The registered manager had a clear understanding of their role and regulatory responsibilities.
- The registered manager was aware of their duty to inform relatives and stakeholders of any accidents and incidents.

Continuous learning and improving care:

- The registered manager liaised with other care agencies within the area to network, to learn and develop the service, based on current best practice.

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

- People and their relatives told us they felt the service was well run and responsive to their needs. A relative said, "I am very happy with the care, the carers that attend to [Name of person] are really very good."
- People knew who the registered manager was and who they could talk to if they had any concerns. A relative said, "I really can't fault them."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with work schedules and any sudden changes in people's needs. A member of staff said, "We are a small team and we work very well together."
- The CQC rating from our last inspection was displayed at the office and through a link on the provider's website.

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

- People told us, and records showed the registered manager sought people's views about the service

during routine care reviews. Records showed the feedback from people using the service was extremely positive, all commented they would recommend the service to others.

- The registered manager was actively involved in providing day to day support to people. This meant they were able to respond quickly to people's changing needs.
- The registered manager was aware of the cultural diversity of the area and the need to ensure staff recruitment reflected this.

Working in partnership with others:

- The service worked in partnership with other care providers to support care provision. For example, GP's, district nursing staff, dieticians and occupational therapists.