Smithfield Health & Social Care Ltd

Smithfield Health & Social Care Limited t/a Verilife

Inspection report

363 Southborough Lane
Bromley
Kent
BR2 8BQ

Tel: 02031419290

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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

We carried out an announced inspection on 30 November 2016. At the last inspection on 19 September 2013 we found the standards inspected had been met.

Smithfield Health & Social Care Limited t/a Verilife is a domiciliary care agency which provides personal care for people in their own home. They may be older adults, people living with dementia, people with a learning disability or children needing support.

On the day of this inspection there were 148 people using the service who had personal care needs.

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

Relevant checks had been carried out for recruiting staff, however, systems for checking staff members right to work in the UK did not identify an issue that we found. After the inspection we were informed that the relevant agencies had been informed of the issue and an audit undertaken on all staff files which found all checks had been completed and were up to date.

An electronic monitoring was system used to monitor times people had visits and how long staff stayed to support people. This confirmed staffing arrangements were adequate to meet people's needs. Systems were also in place, following a recent satisfaction survey, to ensure the areas where staff worked was divided equally to ensure timekeeping was improved and people were supported by the same care workers as much as possible.

Staff could explain how they would recognise and report abuse and received the appropriate training in safeguarding adults. Policies and procedures were in place for safeguarding adults and children.

Person centred risk assessments had been undertaken. Plans were put in place to minimise any risks identified for people and staff to ensure they were safe from harm.

The service trained staff to support people appropriately. Areas covered included basic food hygiene, health and safety in people's homes, moving and handling, administration of medicine, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards.

Staff received regular one to one supervision and annual appraisals. The content of supervision sessions recorded what was relevant to individuals' roles.

The service had systems to assess and record whether people had the capacity to consent to care. Staff

understood the importance of asking for consent before they supported people.

Staff were clear that treating people with dignity and respect was a fundamental expectation of the service. They had a good understanding of equality and diversity and understood the need to treat people as individuals.

Care plans were detailed and personal and provided good information for staff to follow.

A complaints policy and procedure was in place and structures were in place to address complaints effectively.

We heard from staff that the registered manager was supportive and her approach was positive and open.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks and observations on the care provided by staff to people.

The service undertook an annual survey in June 2016 we saw there had been an overall improvement in satisfaction. However, the satisfaction rate for time keeping had decreased slightly and actions were in place to address this. We saw evidence of analysis and where there had been concerns raised, actions had been identified to support improvements.

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. Staffing arrangements were adequate to meet people's needs, also, actions had been identified and work had begun to improve timekeeping and continuity of care.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

Arrangements were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective. Staff received induction training and relevant mandatory training.

Regular one to one supervision was provided to support staff to fulfil their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff listened to people and their family members and respected their choices and decisions.

Staff focused on promoting independence and wellbeing for people and supported people to pursue the activities they enjoyed.

Is the service responsive?

Good

The service was responsive. People were supported to actively express their views and be actively involved in making decisions

about their care and treatment.

Care plans and risk assessments were person centred and reviewed regularly.

The service had a complaints policy in place and people and their relatives knew how to use it.

Is the service well-led?

Good

The service was well-led. The registered manager was supportive and her approach was positive and open. She had an open door policy and was willing to listen and assist.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

There were regular checks and audits taking place to ensure high quality care was being delivered.

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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 30 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team was made up of two inspectors and two experts 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.

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.' We also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with eight care staff members as well as the registered manager and the quality manager. We gained feedback from six people that were using the service and seven relatives. We also gained feedback from commissioners who were involved with the service.

We reviewed eleven care records, nine staff files as well as policies and procedures relating to the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care and support provided by Smithfield Verilife. One person said, "Yes, I feel safe here, the staff make me feel safe." A relative said, "I am confident when the carers are here, that my wife is safe."

The provider carried out satisfactory background checks of staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, a criminal records check, a health declaration and proof of identification and right to work in the UK. This reduced the risk of unsuitable staff working with people who used the service.

However, we saw that checks on the right to work in the UK had not been robust enough to identify a potential issue in relation to one of the care workers files we looked at. We discussed this with the registered manager and immediately after the inspection we were notified that the relevant agency had been informed of this situation and that an audit of the recruitment practices in relation to identification and the right to work in the UK of staff was carried out and no other staff had been affected.

An electronic monitoring system used to monitor times people had calls and how long staff stayed to support people, confirmed staffing arrangements were adequate to meet people's needs. Staff were expected to log a call when they arrived at people's homes and to log out once they left, from the records we saw, this confirmed that staff arrived on time and stayed for the allocated duration. We did not see any records of recent visits that had been missed.

Staff told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time to complete any additional tasks. Some staff told us they may have been late on occasions as they had to rely on public transport but if it got really late they would contact the office and ask them to telephone people to explain. Out of hours management cover was provided by the office staff.

Two out of the seven relatives we spoke with told us staff were often late and one told us that the weekends were particularly bad as the agency could not always provide staff at the time they required. Two out of the six people using the service also said that timekeeping was poor. We spoke with the registered manager and quality manager about these issues and were told that they were constantly recruiting staff to ensure they were able to meet people's needs at the desired times. They had recently recruited a recruitment officer to oversee this. They told us and we saw from records that there were processes in place to improve this, following the last satisfaction survey. They included a review of how staff were deployed to ensure the geographical areas where staff worked were divided equally and staff were able to travel easily between each visit. This was being done to minimise issues with timekeeping and to provide calls at preferred times, as well as trying to ensure people were supported by the same care workers as much as possible. We saw that although the work had started, there were two geographical areas that were scheduled to be reviewed in early 2017. The registered manager told us that they had to it in stages as this was a fairly major piece of

work.

Staff could explain how they would recognise and report abuse. Records we saw confirmed that they had received training in safeguarding adults. Staff told us about the importance of recording and reporting concerns as well as being discreet when writing information in the communication book. They said that any concerns no matter how small would be reported immediately to ensure people were kept safe. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. One care worker said, "I would report any concerns or observations to the office and I have no doubt they would respond to them." The registered manager understood the process for dealing with safeguarding concerns appropriately, including working with the local authority safeguarding team if need be. Policies and procedures were in place for safeguarding adults and they were available to guide staff in their roles.

We saw that assessments were undertaken by the team leaders before a service was offered to people. This assessment involved looking at any risks faced by the person or by the staff supporting them. Risk assessments were individual to the person receiving support and included areas such as moving and handling people safely, providing personal care and medicines management. For example, each medicines risk assessment stated if the person required medicines to be administered, prompted or did not require assistance.

There was an up to date medicine policy in place and the quality manager confirmed that staff would undertake medicine awareness training before assisting people with medicine management. This was confirmed in records we saw.

Staff recorded that they had prompted or administered medicines on individual medicines administration records (MAR). We saw that there had been a recent change in the types of MAR's used and the information that was required to be recorded. We were told by the quality manager that this change was in response to staff not always signing to say medicines had been given and the previous MAR's did not require a signature, only a cross against the time it had been given. We saw from the files and the monthly medicine audits we looked at that there had been an improvement in the recording of information on the MAR's.

Good

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "The staff know what they are doing, and I am very happy." One relative told us, "Staff are trained to mum's specific needs." Another relative said, "I feel all staff are trained well."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training when they started work and a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, health and safety in people's homes, moving and handling, administration of medicine and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Staff training records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and an appraisal. Areas discussed during supervision included staff wellbeing, sickness absence, their roles and responsibilities and their training and development plans. Staff told us they worked as a team and were able to approach their line manager and the registered manager at any time for support.

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.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection, the registered manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "They [staff] make me toast for breakfast, a large cup of soup and toast for lunch and shepherd's pie or lasagne for tea. They [staff] always makes me a large flask of tea and cakes and leave on my table beside for me so that I don't go without until they [staff] returns." One relative said, "Staff always ask what [the person] wants and leave their drinks."

People's relatives coordinated health care appointments and health care needs and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare

professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

Good

Is the service caring?

Our findings

Relatives told us that staff supported people in a caring way with kindness. They also told us and records confirmed that staff focused on promoting independence. One person told us, "All the staff are very kind" and a relative said, "They show me respect, carers listen to me, very nice people." Another person said, "My carer is very thoughtful, a brilliant girl and nicest carer I've ever known."

Staff focused on promoting a good quality of life and wellbeing for people. Relatives told us that care workers listened to their family members and respected their choices and decisions. Care plans were reflective of this approach. However, two out of the six people we spoke with and two of the seven relatives were concerned that there were frequent changes in care workers and this affected the continuity of care they received. The remaining people and their relatives were positive about the continuity of care. The registered manager told us this was something they were trying to address through the reviewing of each geographical area to ensure the same care workers were in each team as much as possible and supported the same people. We saw this process had started during the inspection and we were assured that continuity of care was constantly reviewed to ensure satisfaction.

Staff we spoke with were very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy and respected the need for them to express themselves in ways that they wished. One care worker told us that they always closed doors and blinds in people's homes when they were providing personal care to ensure privacy and another said, "People are not packages, their human beings and they need empathy and understanding."

We saw that care plans included an area called 'about me' that described a person's needs and included their cultural and spiritual needs. It gave a narrative from the person's perspective. For example, 'I am' and when describing their name, 'however I liked to be called.' This showed that each care plan was personalised to individual people.

Staff had a good understanding of equality and diversity and understood the need to treat people as individuals. They were aware that homophobia, racism, ageism and other forms of discrimination against specific groups of people were forms of abuse and confirmed if they had concerns regarding this it would be reported immediately to the appropriate manager.

There were equality and diversity policies and procedures in place and there were clear explanations of the Equalities Act 2010 to ensure staff understood their responsibilities when supporting people.

Good

Is the service responsive?

Our findings

People told us they thought the service was responsive and staff knew how to support them. When asked about people's involvement in developing the care plan, one person said, "The care plan was very good, I was involved in all the planning."

Care plans were detailed and provided good information for staff to follow. We saw evidence of assessments for physical, psychological and mental health needs. They included the voice of each person. For example, in one care plan we saw written in the area of mobility, 'I am very unsteady on my feet' and on another under meal preparation, it stated, 'I like crispy toast with jam and two cups of tea.' Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met.

The senior staff updated care plans when people's needs changed and included clear guidance for staff. This included information on the use of hoists, continence care, and meeting nutritional needs for specific health conditions. We reviewed nine care plans and found they all were up to date. Staff completed daily care records to show what support and care they provided to people. One member of staff told us, "They make sure that people's needs are met according to their care plan." Care records showed staff provided support to people in line with their care plan.

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. One senior member of staff told us, "I undertake an initial visit to a potential service user's home and do the needs assessment involving the service user and their family where appropriate. Based on the needs assessment a care plan is written and shared with the service user for their comments and agreement." Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I have no complaints whatsoever. In the five years I've received care I never had a reason to complain." However, another person said, "I report issues to the office and nothing happens." A third person commented, "No action is taken when I call the office, I do not feel listened to." This was discussed with the registered manager who told us they were taking steps to ensure all calls to the office were recorded to ensure they could be responded to effectively and staff performance could be monitored and managed in line with their procedures. She said the software to enable the recording was in place but they were waiting until after Christmas time to go live, as it was a very busy time for the service.

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when

concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary the registered manager investigated to resolve the concerns. Complaints were generally about care issues. For example, potential missed calls, staff member running late, and staff communication. The registered manager told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.

Good

Is the service well-led?

Our findings

Feedback we received form people and their relatives regarding the management of the services was mixed. One person said, "The person who owns the company is very accessible. All the girls are very nice and pleasant; I get on so well with them." Another said when asked about office staff that they were, "Not professional" and another told us they thought they were not listened to. We discussed this with the registered manager who told us that she would be meeting with all of the office staff to reiterate the professional approach required when communicating with people, relatives and stakeholders and that the standard set out had to be maintained at all times. She also told us of a number of other actions that would be implemented to ensure people and their relatives had a positive and helpful experience when contacting the office.

Staff told us the registered manager was supportive and her approach was positive and open. Many of the staff had been with the organisation for a number of years. We heard that she had an open door policy and was always willing to listen and assist with any issues they had. They told us that she understood that it was important to promote the wellbeing of staff as well as the need for them to feel able to talk with her not only about work issues but also about issues they were facing in their personal lives. This was very much appreciated by them.

It was clear from our discussions with care staff that morale and motivation was good. They told us they felt well supported via supervision, team meetings as well as regular phone calls. However, one staff member felt that the organisation in the office could be improved as well as communication with staff. We discussed the general issues of communication and organisation with the registered manager who told us that they had recently initiated a number of changes to improve effectiveness in the management of the service. We saw during the inspection that they had recently employed a quality manager who was responsible for reviewing the systems in place in regards to the organisation of the office and communication. For example he had been working with the senior staff to ensure staff were made aware of up to date information in relation to people using the service and their needs as well as staff rotas, training and meetings staff should attend.

Regular auditing and monitoring of the quality of care was taking place. This included spot checks and observations on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Regular audits were carried out across various aspects of the service and included the administration of medicines, care planning and training and development. Where these audits identified areas for improvements records showed that an action plan had been put in place and any issues had been addressed.

The service undertook an annual survey in June 2016 and we saw there had been an overall improvement in satisfaction for people and relatives who had completed the form. However, the satisfaction rate for time keeping had decreased slightly. This prompted the work around reviewing the areas or patches were people lived and matching local staff to those areas using bespoke mapping software in order to improve timekeeping and provide improved continuity of care. We saw evidence of good analysis and where there

had been concerns raised, actions had been identified to support improvements. The registered manager provided monitoring information to the local authority commissioning team and we saw records of previous monitoring visits that had taken place.

Policies and procedures were in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.