

Select Support Partnerships Ltd

Peterborough Office

Inspection report

Workspace House
28/29 Maxwell Road
Peterborough
Cambridgeshire
PE2 7JE

Tel: 01733396160

Date of inspection visit:
14 June 2017
19 June 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Peterborough Office is registered to provide personal care for people living at home. The service provides care to adults and older people, some of whom may live with a learning disability or dementia. At the time of our visit there were 52 people receiving care from the service

There was a registered manager in place. However, they had resigned and an application for them to cancel their registration had been submitted to the Care Quality Commission and was being processed. 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.

Not all risks to people had been fully assessed. Risk assessments that we saw lacked detail and did not fully explain what actions staff should take or be aware of.

Staff had received training regarding administration and recording of medicines followed by a competency check carried out by a member of senior staff. This meant that staff had been trained and assessed as competent to assist people with their prescribed medicines.

People had had their needs assessed prior to the service providing them with care. People's care plans contained information which showed their likes and dislikes and how they wished to be supported. However, the care plans we saw were vague and only gave brief details of the assistance that people required during their care visit.

There was a safeguarding process in place and staff had received training. However, people were not always protected from harm because incidents that might constitute harm had not always been appropriately reported.

There was a system in place to record complaints. However, the investigation and outcomes of complaints and how the information was to be used to reduce the risk of recurrence was not in place.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care.

The provider had a recruitment process in place. However this process was not always followed which meant that there was a risk that people who were not suitable to provide care were being employed. Staff received an induction when they started work and further training was available for all staff which provided them with the skills they needed to meet people's care needs.

People and their relatives were involved in how their care and support was provided. Staff checked people's health and welfare needs and acted on issues identified. People were supported to access health care professionals when they needed them. People were provided with a choice of food and drink.

People, relatives and staff were able to provide feedback and information informally but surveys regarding the service had not been sent out since the last inspection which was undertaken on 23 August 2016. Effective systems were not in place to monitor and audit the quality of the service provided. This meant that the provider had not always been able to identify areas for action and to be able to drive forward any necessary improvements. Notifications, that the provider was legally required to submit to CQC, had not always been received.

Staff meetings and supervision sessions were being undertaken regularly. Staff were supported by two interim managers, care supervisors, senior carers and administrators during the day. An out of hours on call system was in place to support staff, when required.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Registration Regulations 2009

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

People were administered their prescribed medication by staff who had had their competency assessed.

Risks to people's safety and welfare had not always been assessed and recorded.

People were not always protected from harm because incidents that might constitute harm had not always been appropriately reported

Although there was a recruitment procedure in place this wasn't always being followed.

Is the service effective?

Good ●

The service was effective.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's dignity, privacy and independence was not always respected.

People were involved in decisions about their care.

People received care that was kind and caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Care plans were not detailed and needed more information and

guidance regarding people's specific needs.

The complaints system did not effectively show how complaints had been investigated, the outcome determined or whether actions were needed.

People were involved in the assessment and reviews of their health and social care needs. People received support from staff who were responsive to their needs.

Is the service well-led?

The service was not always well-led.

Notifications, that the provider was legally required to submit to CQC, had not always been received.

Effective quality assurance systems were not in place to assess the service and the quality of care being provided for people.

Staff were supported by the provider, interim managers and staff in the office.

Requires Improvement 

Peterborough Office

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 checked 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 14 and 19 June 2017 and was announced. 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 available in the office. The inspection was carried out by two inspectors

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We received feedback about concerns that had been raised from representatives of the local authority's quality assurance and commissioning monitoring team, and safeguarding team; this helped with our inspection planning.

During the inspection we spoke with ten people who used the service. We also spoke with three relatives of people who used the service. We spoke with the provider's representative, two interim managers an administrator and six care staff.

We looked at eight people's care records, risk assessments, staff meeting minutes and medication administration records, complaints log and audits. We checked records in relation to the management of the service including staff recruitment records and staff training records.

Is the service safe?

Our findings

We received information of concern before this inspection that staff had not completed risks assessments in relation to the needs of some people using the service. We found that there was a risk assessment process in place. However, we saw that many of the risk assessments lacked detail and guidelines for staff to follow. We saw in one care plan that where a person needed to be hoisted there were no guidance in place for staff as to the use of the equipment. We spoke with a staff member who regularly cared for this person. They were unable to explain how they made sure they safely transferred and moved the person from place to place. In other care plans we saw that there was no risk assessment in place regarding the temperature of the water in the bath for a person, what the temperature should be or how it was to be tested. Actions in these assessments also advised staff that the person should test the temperature of the water to see if it was too hot. This posed a risk to people of being harmed. We saw that some care plans lacked moving and handling risk assessments, environmental risk and nutritional assessments were not in place. Therefore staff did not have up to date information to always safely assist people.

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

We received information of concern before this inspection that possible abuse had not been reported to the local authority safeguarding team. We saw that there was a policy in place regarding safeguarding people from harm. This policy stated the procedure to follow when there were safeguarding concerns. However, this policy was not always being followed as four safeguarding concerns had not been reported to the local authority. This lack of reporting put people at risk of further harm

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

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed if incidents of harm were to occur. One member of staff said, "I have had safeguarding training and I would always report any issues of harm or abuse to my manager." We saw that training records showed staff had received training in respect of safeguarding adults which was in line with the provider's safeguarding policies.

We received information of concern before this inspection that staff had not received updated medicines training. The interim managers had identified this issue and had ensured that all staff received training regarding the administration of people's prescribed medicines. One person told us, "They [staff] give me my medicines on time, and record it in the notes." Another person said, "They make sure that I get my eye drops, they fill out the chart afterwards." Staff said, and records showed, that they had undertaken the necessary on-line training in medication administration and recently had their competency checked by senior staff in the service.

Prior to our visit, the commissioners from the local authority informed us that not all recruitment checks had

been carried out safely. This was because inappropriate references had been requested and application forms had not been fully completed. During our visit we checked the recruitment records of four members of staff and we found that the appropriate documents were in place prior to a person commencing employment. These included two references, proof of identity, an application form, and a disclosure and barring service criminal records (DBS) check.

Prior to this inspection we had received concerns regarding some staff's ability to communicate effectively. Some people also raised this with us during the inspection. One person said, "The girls (staff) are lovely and very caring but sometimes there are communication problems." During conversations with two staff we also found that there were some communication difficulties and that staff could not always understand our questions or provide detailed responses. However Eight people and their relatives that we spoke with during the inspection said that they had not experienced any communication difficulties with staff. An interim manager also told us that they had identified that not all staff completely understood detailed written or spoken instructions. They had used interpreters in training sessions to aid some staff understanding where needed

We had received concerns prior to this inspection that many care calls had been missed which had left some people in an unsafe and vulnerable position. This situation had been reported to the local authority who had taken action to transfer some people's care to another provider

At the time of our inspection we found that there was a sufficient number of staff to meet the needs of people using the service. However, there was a mixed response from people we spoke with in respect of the timeliness of calls. Some said there had been some lateness of calls but they had always received the care they needed. The interim managers told us that the logging in system was being developed to ensure that where calls were late the office staff and person receiving care was notified.

People we spoke during the inspection told us that they with felt safe with the service and the staff who supported them in their homes. One person said, "Yes I feel safe -I have regular carers and they're good and look after me very well." Another person said, "The carers (staff) never rush me and help me with what I need – they are very good." One relative said, "Yes. We're happy with all the staff and they look after my [family member] very well." Another relative said, "Yes I am happy with care that is provided and they [staff] take their time with me."

Is the service effective?

Our findings

We received information of concern before this inspection that not all staff had received updated training. The interim managers informed that that training for all staff had been reviewed since the concerns had been received and that staff have recently received training in a number of subjects. These included the administration of medicines moving and handling, and wound/pressure care. There was a training plan in place which identified when staff needed to complete the updates for on-line courses. The interim managers were monitoring staff training to ensure staff were up to date. One relative said, "Yes, they (staff) know what they are doing and are helpful and consult me if they are unsure." This meant that people were being looked after by staff who had received training to support and meet the needs of people living in their own homes.

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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 found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care. We saw mental capacity assessments had been carried out where people lacked capacity such as requiring assistance with medicines.

Prior to the inspection we had received concerns that staff were not receiving regular supervision. There was evidence and staff confirmed that they were now receiving one-to-one supervision on a regular basis from the interim managers. One staff member said, "Yes I have had a one-to-one today, we have supervision every two to three months." Staff said that they felt well-supported and were able to raise any issues or concerns at any time with the management team.

Staff we spoke with confirmed that if there were any concerns regarding people's healthcare needs they would report this to the office based staff to refer on to appropriate healthcare professionals. We checked to find how people's nutritional health was met. Some people and relatives we spoke with told us that staff provided meals and drinks during the care visits and that they were satisfied that their preferences and choices had been met.

Is the service caring?

Our findings

People and their relatives that we spoke with made a number of positive comments about the staff who provided their care and support. One person said, "My carers [staff] are lovely and they know what to do." Another person said, "They are very good and very kind to me and I have no concerns." One relative told us, "They [staff] treat my [family member] well. We only have Asian staff for my [family member's] cultural needs and we are very pleased with that."

People's dignity, privacy and independence was not always respected. One person raised a concern regarding the staff's use of personal mobile phones whilst carrying out a care visit to the person. They also said that staff had not worn appropriate clothing and had long false nails which they felt was inappropriate when delivering personal care. They told us that they had raised this with the office {management team} but staff were still using their personal mobile phones. We raised this with the interim managers who stated that they would investigate these concerns.

Some people we spoke with and their relatives said they were involved in decisions about their needs and how they wished to be supported. One relative said, "I have been involved in discussing my [family member's] care and the office staff have contacted me if there were any problems."

People said that they were enabled to remain as independent as possible and remain in their own home with support from staff. One person said, "The staff help me with getting washed and dressed." Another person said, "They are very kind to me and help me to get washed and helping me to get dressed." One relative said, "They (staff) have looked after my (family member very well and are very kind and respectful and I have no concerns at all." Another relative said, "I have seen the care plan and there is sufficient information to meet our (family member's needs." However, in the care plans we saw there was insufficient information recorded to give staff guidelines regarding how much a person could do for themselves and how much staff should assist/intervene.

People and their relatives confirmed they usually had regular staff to support them. Staff told us there were times when changes were made to the rota, which meant they supported people they did not know well. Staff said they would talk to the person about what they want help with whilst preserving their independence. Staff said there was sufficient information in the person's home to enable them to meet people's care needs.

We saw that there was a monitoring system that showed how long the member of staff had attended the call and stayed for the allotted time. We had received some concerns prior to the inspection that some staff had not stayed for the allotted time. We raised this with the interim managers and they told us that the electronic monitoring system was being upgraded to ensure it was recorded that staff had stayed for the allotted time for the care visit.

Is the service responsive?

Our findings

Prior to this inspection we had received concerns regarding the lack of response to complaints and concerns that had been raised with the service regarding late and missed calls. Two people we spoke with told us that there had been some lateness of their care calls. Other people and their relatives told us that staff had arrived on time and that they had been contacted to advise them that the staff were running late. We also received concerns from a person during the inspection regarding the lack of satisfactory action regarding a concern they had raised.

We saw the complaints file which contained correspondence that had been dealt with by the registered manager. However, there was no evidence of any investigations of the complaints raised, the outcome or any actions taken. Therefore people using the service could not be assured that their complaints and concerns would be effectively dealt with and satisfactorily responded to.

Whilst some people and their relatives had not been satisfied when they had raised concerns. Other people we spoke with felt their concerns had been dealt with by office based staff and they had been happy with the outcome. The interim managers told us that the complaints process was being audited to improve the process and to provide a more robust investigative process with evidence of the outcome and actions for people.

We saw that the service had received an assessment from the local authority which gave details of the required care and support that people needed. People confirmed that they had been able to discuss their care needs with members of the management team and make changes where required.

One person said, "I value the care they give me and have no concerns." A relative also said, "My [family member] care and support needs are well met by the staff and we have no complaints."

Prior to the inspection we had received concerns from the local authority that there were insufficient care plans in place to meet people's needs. We looked at eight people's care plans. The care plans that we saw were not written in sufficient detail to describe the specific care and support the person needed during each care visit. Some plans had only vague statements such as "assist with personal care" regarding the care to be given. There were no guidelines in place for staff to show how much a person could do for themselves and what assistance they may need from staff when providing personal care. However, people told us that they felt they received care that met their needs. Staff told us that they were informed if there had been any changes in individual people's care needs and had read the care plans and risk assessments. One staff member said, "I have enough information in the care plan and I follow that." However, we found that care plans and risk assessments that we saw did not contain sufficient information to ensure that people received the required care and support.

The interim managers said that they were aware that care plans were not sufficiently detailed and that they were reviewing this area to ensure that a more detailed process was being implemented. The interim managers told us that a one page profile had been introduced to show the person's interests and hobbies to

give staff more knowledge about the person they were supporting.

Is the service well-led?

Our findings

We found from records we held that notifications involving people's safety had not always been reported to the Care Quality Commission as required by law. This put people at risk of harm and limited the information available to external organisations in responding to the safety of people using the service. We saw that safeguarding concerns and an incident investigated by police had not been reported to the CQC by the registered manager. (It was noted that the interim managers had subsequently sent notifications in to the CQC regarding these concerns.)

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received information before this inspection that the quality and safety of the service was not being monitored effectively. Recording had not been monitored by the provider and we saw that a number of key areas including the monitoring of; care planning and risk assessments, late and missed calls, staffing and recruitment, safeguarding, and concerns and complaints needed improvement. There was no documentation of ongoing monitoring to ensure that an effective service was being provided or to ensure people's needs were safely met. We also saw that surveys had not been sent to people, their relatives or other stakeholders to gain comments and views about the service since the last inspection.

This showed that quality assurance processes were not effective regarding the monitoring of records being kept in the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we spoke with during the inspection had mixed views about how the service was managed. Some people were positive and one person said, "Anytime I need to contact the office about a query or problem, they sort it out immediately." However, other comments received from people showed that certain areas such as lateness of calls and letting them know who is coming could be better dealt with by the office based staff. Some people we spoke with also felt that there had been a poor response from office based staff when they had raised a complaint or a concern about lateness and communication with some of the staff.

A registered manager was in post but had resigned their post and an application to cancel their registration with the Commission had been received. The provider told us that they were in the process of appointing a manager and a branch manager for the service. At the time of this inspection there were two interim managers (from the organisation) seconded by the provider to give management support to the service. They told us that they would be mentoring the newly appointed managers. The interim managers understood their responsibilities and had been providing support to staff and putting in systems in place to enable them to manage the service. It was noted that the provider and the interim managers had been providing CQC with updates regarding improvements they were making. It was also noted that the provider and interim managers were in regular contact with the local authority quality improvement manager and commissioners to update them of actions they were taking to improve the service. Staff told us they felt

supported by the interim managers and senior staff. One staff member said, "The [interim managers] were approachable and were making improvements and making things at better." Another member of staff said, "The interim managers were very approachable and you can talk to them and they listen. We saw that staff had received spot-checks from members of senior staff and interim managers to monitor their work performance

Prior to this inspection we had received concerns from people and their relatives about the responsiveness of the office based staff when they had raised concerns. Relatives we spoke with during the inspection commented that overall they were satisfied with the management of the service and communication with the office. Some people and their relatives did comment that they were aware that there had been changes recently to the management structures of the service which was a little unsettling.

The provider had an out of hours 'phone system for people, their relatives and staff to be able to contact senior staff in the case of a concern, issue or emergency. However, prior to this inspection we had received some concerns that the on call system had not always been effective and that some calls had not been answered. Some people and their relatives told us they had not had difficulties in contacting staff in the office and that if they had left a message someone from the office had called them back. Staff were aware of the out of hours contact numbers and said there had been improvements made recently and that there had always someone available from senior staff to help them with a concern or query.."

We saw that there had been a lapse in the frequency of team meetings in the last year but staff said there were improvements to the team meetings and we saw minutes of three recent meetings. The minutes included information about issues arising from staff practice such as daily record entries, use of personal protection equipment, policies and procedures and training updates including competency checks for medicines administration. This meant staff had improved information about the changes and running 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify the CQC of Important events as required by the legislation. Regulation 18 (2) (e) (f)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were ineffective risk assessments in place to ensure that people were protected from potential hazards and harm.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding concerns had not been reported to the local authority. This placed people at the risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to audit and monitor the effectiveness of the service.

