

SCC Agency limited

SCC Agency Ltd (trading as South Coast Care)

Inspection report

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Ratings

Is the service safe?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

At our inspection on 8 and 12 January 2015, breaches of legal requirements were found in eight areas and we took enforcement action with regard to two of them. Warning notices were issued in respect of care and welfare of people and assessing and monitoring the quality of service provision, which were to be met by 31 March 2015.

We undertook this focused inspection to confirm that the service now met legal requirements as identified in the warning notices. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for SCC Agency Limited on our website at www.cqc.org.uk.

The service provides personal care to approximately 120 people in their own homes living in the West Sussex area. The service has a registered manager in place, who registered with CQC in April 2013. 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 registered manager is also the provider and nominated individual of the service.

We found that some improvements had been made and that one of the warning notices had been met. However, people were still at risk of receiving care that did not meet their needs safely because risk assessments did not provide sufficient information to staff to consistently mitigate the risks. Risk assessments in people's care records had not always identified what the risk was, the action that staff should take nor had the level of risk been assessed.

Care staff knew people well and care was provided in line with the information provided in people's care plans. People were happy with the care they received and thought that care staff were warm and friendly.

Summary of findings

The registered manager had put in place a system of quality assurance measures. An electronic call monitoring system identified how long care staff spent when delivering care and support to people in their homes. Staff received supervisions and spot checks to ensure their practice was at an acceptable standard. People were asked for their views through an annual survey. Where actions had been identified, the management took steps

to make the necessary improvements. Staff felt supported by the management team and communication between management and staff was clear and effective.

We found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks assessments did not contain sufficient information to keep people safe. Staff were not always provided with guidance on what action to take and assessments were not fit for purpose.

Care staff knew people well, how to deliver care safely and in line with the information held in people's care plans.

We could not improve the rating for 'safe' and are considering what further action to take.

Inadequate



Is the service well-led?

Improvements had been made and processes were in place to monitor and improve the quality of the service provided.

People were asked for their feedback about the care they received.

An electronic call monitoring system enabled the registered manager to check that staff spent the allocated time with people. People received care in a consistent way.

Staff felt supported by management and they were asked for their views about the service.

We could not improve the rating for 'well led' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned, comprehensive inspection.

Requires improvement



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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.

We undertook an announced focused inspection of SCC Agency Limited (trading as South Coast Care) on 28 May 2015. 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. This inspection was carried out to check that improvements to meet legal requirements, identified in warning notices served after our comprehensive inspection on 8 and 12 January 2015, had been made. The team inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well led? This is because the service was not meeting some legal requirements.

Before the visit, we examined the previous inspection reports, the warning notices that had been served and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also examined the action plan that the provider had returned after our last inspection.

The inspection was undertaken by two inspectors.

During our inspection we spoke with four people who were receiving a service at home, one care worker an administrative assistant and the registered manager.

We reviewed records relating to the management of the service including the provider's quality assurance records, medication administration records (MAR) charts of five people and ten care records.

Is the service safe?

Our findings

At an inspection undertaken on 5 and 6 August 2014, the service was unsafe. At a comprehensive inspection undertaken on 8 and 12 January 2015, we found the service was still not safe. We served a warning notice on the provider as appropriate arrangements were not in place to ensure that people were protected against the risks of receiving unsafe care and treatment. The provider had not undertaken an assessment of people's needs to ensure their individual needs were met and to ensure their welfare and safety. The provider was required to take appropriate action by 31 March 2015.

At this inspection, although some improvements had been made to personalising information in people's care plans, the warning notice had not been met. Of the ten records that were checked, four had incomplete or missing information in risk assessments. In one care plan, the person had been assessed as at risk of displaying challenging behaviour and the care plan only advised care staff to explain to the person, when delivering personal care, what they were doing and to reassure the person. There was no assessment of the level of risk, whether low, moderate or high. The registered manager said that this person had not exhibited any challenging behaviour recently towards care staff, but this was not clear from the care record as the risk had not been fully assessed. There was no guidance to staff as to what they should do in the event that the person did display behaviour that was challenging. This placed the person and staff at risk because staff may not have known how to support this person safely and consistently.

In another care plan, it stated that the person used a commode at night. The risk identified in the care plan was, '[Named person] has no continence issues, but does use a commode at night. Carers need to empty every day and clean'. There was no risk assessment in place or instructions to staff in how to dispose of the contents of the commode, how to clean it or that personal protective clothing should be worn, such as a disposable apron and gloves. An assessment referring to the Control of Substances Hazardous to Health (COSHH) was in place for the toilet, but not for the commode. Appropriate steps had not been taken to prevent the risk of infection.

In a third care plan, an initial assessment had been made that stated, 'Risk identified: slips and falls. Action taken/

needed: shower/bathroom floor may get wet and be slippery'. The person had been identified as having mobility issues and required equipment to support them with walking. The risk assessment was inadequate. It did not provide guidance to staff on what action to take to prevent or mitigate the risk of slips and falls from occurring or what action to take if the person did sustain a fall. The level of risk had not been assessed. This person was taking medicines that put them at additional risk if they sustained a fall. This risk had not been identified, nor the impact of what might happen to the person if they sustained a fall.

In the fourth care plan, there was conflicting information about risks associated with one person's medicines. A local authority assessment had identified a 'medication management risk' and stated, '[Named person] requires support to ensure that she is taking her medications every morning and evening'. However, an initial assessment by the provider stated that this person could take her own medicines and only required support from care staff to help with creams. The provider's risk assessment had not included any information for care staff about support or administration of medicines. The provider's risk assessment did not provide information about medicines that the person was known to be taking for other medical conditions, but only stated action taken/needed as, 'I will need help to apply any creams'. The care plan stated that, '[Named person] needs prompts to take her medicines in the morning and evening'. Completed Medication Administration Records (MAR) sheets had been signed by care staff and showed that they administered this person's medicines. The information was conflicting in that the person was simultaneously assessed in the care plan as taking her own medicines, needed prompts to take her medicines and was administered her medicines by care staff. This person was at risk of unsuitable or unsafe care because staff were not clear about the arrangements for managing their medicines.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We visited four people in their homes to observe how their care and support was delivered by care staff. We looked at the care plans that were in people's homes and compared these with care plans held at the provider's office. In every

Is the service safe?

instance, information in care plans at people's homes matched the information in care plans held at the office. People had signed their care plans to show that they agreed with them. Daily records of care provided at each visit had been completed and signed appropriately by care staff. There were no gaps in information on the MAR sheets and when staff administered medicines to people, each entry had been signed off by the member of care staff.

At one home visit, the person was offered a choice of meal for his lunch by the member of care staff. The care staff ensured that this person had his walking frame within reach as he had difficulty with mobilising. The person said, "This frame means I can get out in the garden". Care staff communicated well with the person and cared for them in line with the information contained in their care plan. The initial assessment of this person's needs stated that the person liked care staff to walk with him.

Experienced care staff knew people well and could identify the risks associated with delivering their care safely.

However, the care plans did not provide care staff with sufficient information and guidance within risk assessments. This was a potential risk for people new to the service and staff who may be less experienced.

Care staff were warm and friendly. Another person we visited had chosen the food they wanted to be heated by care staff and cooked their own vegetables. They said, "I feel important as a person. The girls are lovely and they know me and I know them". When asked about back pain, which had been identified in the care plan, this person said that they had to be dressed in a specific way and that staff knew all about this. The person said, "I feel in control; I can ask for what I want". The person was cared for exactly as the care plan stated. Care staff knew the risks associated with this person's care and they knew how to care for them. However, the documentation relating to risk assessments was inadequate and did not provide guidance to staff on how to prevent risks from occurring or what action to take. The person was at risk of unsafe or inappropriate care or treatment in the event that a new or less experienced staff member was delivering care to them.

Is the service well-led?

Our findings

At our last inspection, we found the quality of the service provided was not monitored effectively and as a result the provider had not identified or addressed breaches of regulation. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action and issued a warning notice. The provider was required to meet the requirements of the warning notice by 31 March 2015. At this inspection we found the requirements of the warning notice had been met. Improvements had been made and processes were in place to monitor and improve the quality of the service provided.

The registered manager promoted an open culture with staff and people using the service. Following our last inspection in January 2015, the registered manager had shared the findings of the CQC report with staff. A staff member told us, “we had several staff meetings and individual conversations about the weaknesses”. They also said they were aware of the failings of the service and action had been taken to address these. The registered manager had made sure that a summary of the CQC report was delivered to every person using the service.

A member of staff told us they could talk to the registered manager and their deputy about anything. They said they were always available to discuss concerns about people using the service and were personally supportive to staff. Staff were able to openly admit if they had made a mistake and this was dealt with in a helpful manner with appropriate support provided to staff. Feedback from staff was welcomed by the registered manager and we observed staff were able to talk freely to the registered manager about what worked and did not work in the service. One member of staff described the registered manager as, “very supportive”.

The registered manager had signed up to The Social Care Commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. Their focus was on respecting the dignity of people using the service and effectively communicating with them. The next staff meeting had been arranged to discuss the Social Care Commitment with staff and to encourage them to sign up to it.

All staff were able to be contacted through email and this enabled the registered manager and office staff to communicate important messages to all staff quickly and clearly. We saw examples of this when a person's care was changed or increased at short notice. All relevant staff were informed immediately so that the person received the care they required.

People said communication with office staff was effective and polite. People had no complaints and when they called the office about a rota change for example, they said staff were helpful and accommodating to their requests.

Quality assurance measures were in place. The electronic call monitoring system which staff used to log their entrance and exit from a person's home allowed office staff to see whether staff were punctual and stayed with people for the expected length of time. This system had effectively identified when staff were persistently late or left people's homes earlier than expected. In one case, the electronic record showed a staff member arrived late for the first call every day. This was followed up with a spot check on the member of staff which confirmed the call log record. A quality monitoring supervision was held with the member of staff and the registered manager was able to establish and put in place the support the staff member required to carry out their assigned duties. Changes were made to the staff rota as a result and the problem was then solved to the satisfaction of people who had been affected by care staff not attending punctually..

The registered manager, deputy manager and supervisors carried out supervisions and spot-checks on staff to ensure staff practice was to an acceptable standard. Records showed that when staff fell short of the expected standard, the management took action to make improvements. This was followed up with further monitoring to make sure the standard was maintained.

The registered manager had taken personal responsibility for auditing all records coming into the office such as the Medication Administration Records (MARs) and records of care provided to people each day. From these they had identified some inconsistencies and areas of improvement. For example, they had noted gaps on MARs. They addressed this with the relevant members of staff. The MARs we reviewed had no gaps and a key was used to identify when a person did not receive their medication as

Is the service well-led?

prescribed. The quality of daily records of care had also improved following the registered manager's auditing. Staff were now recording all the care provided as per the person's care plan.

Quality monitoring visits were carried out with people using the service. Sixteen of 100 people receiving care had so far been visited or telephoned by office staff and their comments were acted on. An annual survey was sent to all people using the service and this was done most recently in February 2015. Although only 17% had replied, they were positive about the service provided. Where people had made comments these had been acted on. For example, one person had commented that they needed more support than they currently had in place. A care review was arranged and further support was provided to meet their needs. Another person had commented that they were not encouraged to be as independent as they could be. Training for staff in this area had been arranged to support the person further.

At our previous inspection people had commented that they did not have consistent staff attending to their needs. The registered manager had reviewed all rotas and arranged, as far as was possible, for people to receive regular staff in the mornings and lunchtimes. They said it was more difficult to arrange the same evening staff for people, but this was always under review. People told us they received care from regular staff they had become friendly with. One person said, "I get consistent staff who all know what they are doing". Another person said, "I see the same faces, they are all nice". When the rota had to change because of staff sickness or leave, people were informed where appropriate. One person told us they were always informed if care staff were running late, which was not often.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not assess the risks to the health and safety of service users when receiving care or treatment. The provider did not do all that was reasonably practicable to mitigate any such risks. Regulation 12(2)(a)(b)</p> |