

Three Score Years and Ten CIC

Three Score Years & Ten

Inspection report

26 Yarm Road,
Oxbridge,
Stockton,
TS18 3NA
Tel: 01642 796107
Website: NA

Date of inspection visit: 24 & 30 July 2015
Date of publication: 24/08/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 24 and 30 July 2015. The first day of the inspection was unannounced, so that the registered manager did not know we would be visiting. On the second day the registered manager knew that we would be returning to complete the inspection. At the time of our inspection one person was receiving personal care [the regulated activity].

Three Score Years & Ten provide a range of support services, including personal care in people's own homes [the regulated activity], cleaning, a gardening and

handyman service, befriending and advocacy. Support is provided to people living in the Stockton area. The office is located centrally on Yarm Road and is on the ground floor, with parking available outside.

The service has a registered manager, who has been registered with us in respect of this service since 16 April 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff were aware of safeguarding procedures and could describe what they would do if they thought somebody was being mistreated, but safeguarding procedures needed to be updated and some staff hadn't received training on abuse and safeguarding.

At our last inspection we had asked the registered provider to make improvements to the way staff were recruited. At this inspection we found that safe arrangements were in place for staff recruitment and that enough staff were available to provide people's care. The person who used the service told us that they had a small and consistent staff team visiting them and that the staff were reliable.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. However, staff reported that safety related systems for protecting staff did not always work effectively. For example, a lack of checks to ensure that lone workers were safe at the end of their working shift and an emergency 'on call' system that did not always result in prompt assistance being available to staff when needed.

Procedures were in place for assisting people with medicines, but the service was not helping anyone with medicines at the time of our visit. The registered manager informed us that they did not intend to provide help with medicines again in the future.

People were not always cared for by staff who were appropriately supported or provided with appropriate training. However, the person who used the service told us that their staff were competent and knew what was expected of them. Staff told us they did not always feel well supported by their management.

This service supports people in their own homes and only provides help with meal preparation and eating and drinking where this has been agreed as part of the person's individual care plan. We saw that information about the help someone needed with meal preparation, eating and drinking was included in their care plans where this was appropriate.

The staff we spoke with could describe what they would do if someone was unwell or needed medical support during a care visit.

The person who used the service told us that staff were caring, treated them well, respected their privacy and encouraged their independence. Staff were able to describe how they worked to maintain people's privacy and independence.

People's care records showed that their needs had been planned in a person centred way. The person who used the service told us that they were involved in setting up their care, but had not been involved in any formal reviews. The person using the service told us that any requested changes to their care, such as cancellations or changes to times, had been made appropriately.

The person who used the service had written information about the formal complaints process available in their care file. Records showed that complaints had been investigated and responded to personally by the registered manager.

The person using the service told us that they were happy with their care and sad that the company had decided to cease providing a personal care service.

Effective governance systems were not in place and the required records were not always maintained or available. Overall we found that the service was not always well led and that management systems were not always fully in place or robust.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

People who used the service were protected from abuse, by staff who knew how to recognise and report any concerns about people's care. However, safeguarding procedures needed to be updated and not all staff had received safeguarding training.

People's needs were assessed to identify risks that were relevant to the care being provided, but staff reported that risks to workers were not always managed effectively.

Care was provided by staff that had been recruited safely and had time to provide the care and support people needed.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff did not always received the training and support they needed to do their jobs.

Where people's service included support with eating and drinking this was detailed in their care plan.

Staff were able to describe how they would help people to access emergency or medical care if needed during care visits.

Requires Improvement



Is the service caring?

The service was caring.

People were provided with information about the service and involved in setting up their care.

People were involved in day to day decisions about their care and were treated with dignity and respect.

Staff understood the importance of maintaining people's privacy and independence.

Good



Is the service responsive?

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences. However, people were not always involved in regular, formal reviews of their service and care plan.

People had access to information in their care records about raising formal complaints if they needed to and records showed that complaints had been investigated by the registered manager.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

People received a reliable service and were happy with the standard of their care.

Feedback had been sought from staff who worked for the service. However, management systems were not always fully in place or robust.

Effective governance systems were not in place and the required records were not always maintained or available.

Requires Improvement



Three Score Years & Ten

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 24 and 30 June 2015. The first day of the inspection was unannounced, so that the registered manager did not know we would be visiting. On the second day the registered manager knew that we would be returning to complete the inspection. The inspection team consisted of two social care inspectors.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to any complaints, concerns or notifications we had received about the service.

Notifications are information about changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning officers from the local authority commissioning team and the clinical commissioning group about the service.

The provider was not asked to complete a provider information return (PIR), because we moved the timing of this inspection forward as a result of information we had received about the service. The PIR 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. Because we had not asked for the PIR we talked to the registered manager about these things during the inspection.

At the time of our inspection visit the service was only providing personal care [the regulated activity] to one person. The registered manager informed us that they intended to cease providing this service in August 2015 and not provide any further personal care after that. It was their intention to then de-register the service.

The inspectors spent time talking with the person who received personal care. We also spoke with the registered manager, the care manager and the two care staff who were provided personal care at the time of our visits.

During the inspection visit we reviewed a range of records. This included the care records relating to the person receiving personal care services. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at how people were protected from bullying, harassment, avoidable harm, and abuse that may breach their human rights. The person who used the service told us that their care was provided safely and that they did not feel they were put at risk because of poor care.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The service provided us with a copy of their adult safeguarding policy, which was dated October 2014. This policy still referred to The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and had not been updated to reflect the implementation of the 2014 regulations, which have been in force since April 2015. The registered manager informed us that all care staff had received a copy of this policy during their induction. The policy included information about the different types and indicators of abuse and the responsibility of staff to report concerns to their manager. However, it did not contain any information on what the manager should then do or the wider local safeguarding reporting and investigation systems. The training record provided showed that only one of the two staff providing personal care had completed training on safeguarding adults. However, the staff we spoke with were able to describe the different types of abuse, signs and symptoms of abuse and what actions they would take if they were concerned about someone being mistreated.

We looked at how risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. Only one person was receiving a personal care service at the time of our inspection. We looked at their care record and saw that risk assessments had been completed in January 2015, covering important areas like manual handling, personal space and possessions, premises and medication [confirming that this person managed their own medication]. This helped to ensure that relevant risks had been identified and that staff had access to safety related information to help them provide care safely. However, we also received feedback from staff about how risks to them were not always managed well. For example, a lack of

checks to ensure that lone workers were safe at the end of their shift, 'on call' systems that did not always work effectively and issues that staff raised not always being listened to or actioned appropriately.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. A file containing records relating to incidents and accidents was available. This showed that accidents and incidents had been recorded and included information about the actions taken. We saw that where appropriate the registered manager had visited the person involved following the incident and discussed how they could prevent further risks and occurrences. We also saw that an incident involving an injury to a staff member had been reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) appropriately. Accident analysis had not been undertaken. The registered manager told us this was due to the relatively small number of incidents and accidents that had occurred.

We looked at how the service ensured there were sufficient and suitable staff available to meet people's needs. At our last inspection we found that the registered person was not ensuring that all of the required information and checks had been completed on staff before they started work. We required that the registered person made improvements to ensure that care was provided by safe and suitable staff. At this inspection we found that improvements had been made to the way staff were recruited and the registered provider was now meeting the requirements of the regulations. We looked at the staff recruitment files for all three of the staff involved in the delivery of personal care [the regulated activity] at the time of our inspection. This included the care manager and two care staff who had all been recruited since our last visit. The records showed that staff had been subject to a thorough recruitment process which included completing an application form, providing a full employment history, attending a formal interview, and obtaining written references and a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Is the service safe?

The service was only providing personal care to one person. At the time of our visits two care staff provided personal care to this person two days a week, with occasional additional visits when needed. The care staff were supported by the care manager. The person using the service told us that they had received a reliable service, with good continuity of staff, who arrived on time and stayed for the expected time period. There were sufficient numbers of staff to provide the small amount of personal care work that the person receiving the service required. The service's registered manager informed us that the service did not intend to take on any more personal care work and would cease to provide personal care in August 2015.

We looked at the arrangements that were in place to ensure that people received their medicines safely. A policy covering the management of medicines was in place to guide staff on how to provide help and support with medicines safely. However, at the time of our visit the service was not providing any help or support with medicines. The service's registered manager informed us that the service did not intend to take on anymore work involving support or assistance with medicines.

Is the service effective?

Our findings

We looked at how the registered provider ensured that people received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. The person who used the service told us that their care staff understood their needs, were competent and knew how to use their care equipment safely.

We looked at the training records for the two care staff involved in the delivery of personal care [the regulated activity]. We found that the two care staff had not had the training they needed to do their jobs and care for people effectively. For example, according to the staff training record provided to us one carer had not received training on safeguarding or manual handling [the person they cared for had manual handling needs]. The other carer had not received training on food hygiene [the care they provided included food preparation]. According to the training record provided neither carer had completed infection control training or a relevant care qualification [such as a National Vocational Qualification (NVQ), diploma or certificate]. However, the registered manager told us that one carer had completed an NVQ and that the other was part way through completing this training. We also saw that induction training records were incomplete and did not evidence that a robust induction training programme was in place. Staff we spoke with confirmed that improvements were needed to the arrangements for induction and on-going training. For example, one staff member commented “I didn’t think they [care staff] were adequately trained.” These findings evidenced a breach of Regulation 18 (2) (a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at how staff were supported, through support, supervision and appraisal systems. Records showed that care staff did receive regular one-to-one supervision. For example, records evidenced that one member of care staff had attended 6 supervision sessions since they started work in June 2014. However, we saw no evidence that this person had received an annual staff appraisal. Practice observations had been undertaken for care staff during October 2014, to observe how they worked and highlight areas of good practice or where improvement was needed. We also saw evidence that one member of care staff had received an observation of their practice in May 2015.

Records showed that two staff team meetings had taken place during 2015 and included the discussion of communication, accident reporting and other practice issues relevant to the service. However, staff we spoke with told us that they had not always felt supported. For example, two staff told us that they had not always felt comfortable with the way supervision sessions were carried out or how issues were addressed by the registered manager. We were also told that supervisions could be “few and far between,” rather than regular and mutually supportive events. Staff told us that they did not always feel that issues they raised had been listened too or dealt with effectively, with comments including “Just not listening” and “Sometimes it was alright, but other times not so nice.” We were also told how the ‘on call’ system [an emergency system to ensure that staff could access management support whenever they needed it], did not always work effectively. For example, the person on call being at work in another job and unable to answer the phone straight away when staff rang in an emergency.

We looked to see if appropriate arrangements were in place to ensure that people’s legal rights were protected by implementation of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the rights of people who need support to make decisions are protected. The one person receiving personal care at the time of our inspection was able to make their own decisions about their care and treatment. When we looked at their care records we saw that the person had signed a consent form, giving the service their consent to the service to provide their care, and also to share information with other relevant professionals when necessary. However, we were provided with a copy of the service’s policy and procedure manual, but this did not include a policy on the MCA, capacity or consent. The training record we were provided with showed that neither of the two care staff providing personal care services at the time of our inspection had received training on the MCA. These shortfalls would need to be addressed before the service provided care to anyone who might lack the capacity to make their own decisions.

We looked at how people were supported to have sufficient to eat and drink and maintain a balanced diet. This service supported people in their own homes and only provided help with meal preparation and eating and drinking where this had been agreed as part of the person’s individual care

Is the service effective?

plan. We saw that information about the help the person receiving personal care needed with preparing meals and drinks, and eating and drinking, was included in their care plans.

We looked at how people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The service provided care to people living in their own homes and the one person

receiving personal care services at the time of our visit was able to make their own decisions about the healthcare services they wished to access. Both of the two care staff who provided personal care had received training in first aid. The staff we spoke with were also able to describe how they would call for help during a call if someone became seriously ill or needed medical assistance.

Is the service caring?

Our findings

We looked at how the registered provider ensured that positive caring relationships were developed with people using the service. The person who received personal care services told us that they had a good rapport with their care staff. They confirmed that they had two main care staff delivering their care, which meant that the staff knew them well and understood their individual needs.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. The person using the service confirmed that they had been fully involved in setting up their service. This had included discussing how they wanted things done and what was important to them. The person told us that the service had delivered what was promised and that they were happy with their care. When they had wanted to make changes, such as cancelling a call or rearranging a time this had been listened to and accommodated. The care records we looked at included

detailed information about the person and how they wanted things to be done. The records also included information about how the person's independence could be encouraged and supported by staff. The staff we spoke with were aware of the needs and preferences of the person they cared for.

We looked at how the registered provider ensured that people's privacy and dignity were respected and promoted. The person who used the service told us that their care staff were kind, caring and treated them well. They told us that both of their care staff understood the importance of maintaining privacy and dignity and also understood that every day was different, so would ask what was needed rather than taking over. The staff we spoke with were aware of the importance of maintaining people's privacy and dignity and were able to tell us how they did this. For example, by closing doors and curtains, and leaving the person to do things for themselves in private as much as possible.

Is the service responsive?

Our findings

We looked at how the registered provider ensured people received personalised care that was responsive to their needs. The feedback we received from the person using the service was positive. They felt the service met their needs and they were sorry that the service would soon cease to provide their care. They gave examples of how the service had listened to them and responded to their requests.

We looked at the care records relating to the person receiving a personal care service, to see if they were person-centred and that their care needs had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. We found that detailed written descriptions of what should happen during each care call were in place. These included information about the person's preferred routines, what was important to them and how staff should arrange things to maximise the person's independence. The information in the care plans was person centred and detailed. The person using the service confirmed that they had been fully involved in discussing their needs and what they wanted staff to do when the service was first set up. The person had also signed a consent form, giving the service their consent to provide care and share information with other relevant professionals when appropriate.

However, there were no signatures on the care plans we saw, to evidence that the person had been involved in developing them or had agreed to their content. A review

sheet indicated that a review was due in April 2015, but no record of a review taking place was available on the care file. The person who received care confirmed that they had not taken part in any formal reviews of their service, other than the registered manager visiting them recently, to inform them that the service was ceasing to provide personal care. However, the person also told us that they knew how to contact the office if they needed to and that their calls and requests had always been dealt with well.

We looked at the arrangements that were in place to manage complaints and concerns that were brought to the service's attention. The registered manager showed us the complaints file, which was used to record information about the complaints received and actions taken to resolve them. The records showed that the registered manager had visited people to discuss their concerns on a face to face basis and taken appropriate action to resolve the issues.

The person who used the service told us that they knew how to contact the office or registered manager to discuss anything they needed too. They had not had to raise any formal concerns or complaints, but felt that whenever they had contacted the office they had been dealt with professionally. The care record we looked at included information about the service, including its mission statement and values, the different services provided and how to raise concerns or make a complaint. The complaints information provided included the complaints procedure and timescales for responding and investigating complaints. There was also information about the role of CQC as the service's regulator.

Is the service well-led?

Our findings

We looked at how does the service promoted a positive culture that was person-centred, open, inclusive and empowering. At the time of our inspection visit, the service had a registered manager who had been registered in respect of this service since 16 April 2012. A registered manager is a person who has registered with CQC to manage the service. The registered manager told us that due to personal reasons they had stepped back from the service for a while and taken the decision to cease providing personal care services from August 2015, because they did not want to continue with the added responsibility of providing a regulated activity. They intended to de-register the service with CQC as soon as possible after the personal care service ceased.

Overall our observations and the feedback received during the inspection visit indicated that there was a lack of effective management structure and process at Three Score Years & Ten. Some management systems were in place, but often appeared to lack organisation or be 'tick box' rather than full and effective processes that were followed through to conclusion. For example, a number of policies and procedures still referred to old legislation and had not been updated to reflect the implementation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A business continuity plan was in place, but when inspected was found to be very generic and did not constitute a full and effective procedure and risk assessment. Feedback from staff included the comments "There's not a great deal of structure", "Something's just weren't in place" and "They [the registered manager] have the vision, but not the practical leadership side." We also received some feedback that working relationships between staff and management were sometimes perceived to be influenced by friendships and personal relationships within the staff team, rather than based on clear professional roles and responsibilities. For example, comments made to us by staff included "The manager has favourites" and "Not treated fairly."

We looked at how the service ensured that it delivered high quality care and identified and implemented best practice. This included looking at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they

provide people with a good service and meet appropriate quality standards and legal obligations. At the time of our visits a full and effective governance system was not in place. The registered manager was able to demonstrate that a couple of checks had been undertaken within the last year. For example, we were shown a copy of a medication audit that had been completed. This did not have a date recorded on it and when we asked the registered manager when the audit had taken place they confirmed it had been completed during 2014, but were unable to be more specific. The audit results had been analysed, but there was no resulting action plan highlighting what improvements were needed or how these would be achieved. Care practice observations had been completed with care staff in October 2014 and had resulted in an analysis of the results. However, again there was no action plan identifying what improvements were needed or how these would be achieved. These findings evidenced a breach of Regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

A survey to find out about the views of staff had been carried out during 2014. This survey had included all Three Score Years & Ten staff, so was not specific to the regulated personal care service. An analysis of the results had been completed and was available for us to look at during our visit. The results were generally positive, but there was some dissatisfaction regarding management support and the actions taken in response to staff feedback. The survey format was 'tick box' with no space on the survey form for staff to comment or give context on the answers given. This meant that an opportunity to explore the reasons behind staff answers had been lost. There was no action plan identifying what improvements were needed or how these would be achieved following the survey results.

Records were available of regular board meetings, where the personal care service was discussed. The meeting in April 2015 had included a report from the newly appointed care manager on the personal care service, where there were areas they had identified for improvement and how they wanted to move the service forward. The board meeting records for May 2015 included the discussions around the decision to cease to provide personal care from August 2015. This board meeting had also included the person who used the personal care service, so that they were involved in the discussions and aware of the final decision.

Is the service well-led?

We looked at the standard of records kept by the service. We found that some of the required records relating to the provision of the regulated activity were not always readily available or took a while for the registered manager to locate and provide. For example, the registered manager was unable to locate the training file for one member of care staff during our visits and the full training record provided was not accurate. They also told us that some records may have been accidentally shredded or archived in the loft because of a reorganisation of the service's offices and the intention to cease providing a regulated activity in August 2015. There was an apparent lack of understanding that while a regulated activity was still being provided the registered persons had a legal obligation to continue to meet the requirements of the regulations and

be able to provide the required information in the event of an inspection. These findings evidenced a breach of Regulation 17 (2) (d) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at how the service worked with other agencies, such as the local authority, commissioning groups and other stakeholders. The service received funding through a local funding consortium for various projects and services. We saw that regular evaluations of the projects had taken place between Three Score Years & Ten and the consortium representatives. Our conversations with the local authority and clinical commissioning group did not raise any concerns about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Persons employed to provide a regulated activity did not receive appropriate training and support to enable them to carry out the duties they were employed to perform.

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Good governance systems had not been established or operated effectively.

Records required for the management of the regulated activity were not always maintained.

This section is primarily information for the provider

Enforcement actions

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