

S.C.S. Hotline Limited

Specialist Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Specialist Care Services Limited is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care and support to 141 people.

Not everyone using the service receives personal care. CQC only inspects the service being received by people provided with 'personal care', that is, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's experience of using this service and what we found.

People told us they felt safe when receiving care. Care workers were assessed as competent to administer people's medicines. The provider had processes in place for the recording and investigation of incidents and accidents, safeguarding and complaints.

Risk management plans had been developed which provided care workers with guidance on how to minimise risks in relation to health and wellbeing for people using the service.

The provider had safe recruitment practices in place. There were enough care workers allocated to each visit to provide the support people needed.

Care plans described the care and support a person required and how they wanted it to be provided.

People using the service were supported to maintain links with their family and community to reduce the risk of social isolation.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

There was a range of quality assurance processes in place to identify if any actions were required to improve the service. People using the service and staff felt the service was well-led.

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

Rating at last inspection and update

The last rating for this service was requires improvements (published 31 May 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 26 and 27 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Specialist Care Services on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Specialist Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. An Expert by experience carried out telephone calls to people using the service and relatives on 5 November 2020. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to ensure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, deputy manager, quality compliance officer and human resources and training manager. Following the inspection, the Expert by Experience contacted eight people who were using the service and five relatives of people receiving support. We also contacted 111 staff who worked for service to gain their feedback. These staff included care workers, office-based staff and an occupational therapist. Feedback was received from 44 staff.

We reviewed a range of records during this inspection. This included four care plans and multiple medication administration records. We looked at the recruitment records for three staff members. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information in relation to visit rotas and infection control. We also received feedback about the service from three health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed the risks to individuals' health and well-being or done all that was reasonably possible to mitigate these risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We reviewed four care plans and found risks relating to health and wellbeing had been appropriately identified and mitigated. For example, we saw one person was living with dementia and the section of the care plan on medical conditions included a brief description of dementia, what staff can do to provide safe support and what staff should look for in case of deterioration.
- Where a person was living with high blood pressure staff were also provided with guidance on the symptoms for stroke and heart attack and when they should call for emergency assistance if they identify any of the symptoms.
- If a person was living with diabetes, the guidance included information on what staff should do if the person's sugar levels were too low or too high. There was also a protocol in place for diabetes support providing additional information to meet the person's needs.
- A range of risk assessments were also completed for each person including falls prevention, safe environment, prevention of skin breakdown and manual handling.

Using medicines safely

At our last inspection the provider had not ensured staff remained competent to provide medicines support between the refresher training courses they completed every two years. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We saw the competency of staff providing medicines support had been assessed. We looked at the medicines competency assessments for 12 staff members which were detailed and had been reviewed by a senior member of staff. This was in line with National Institute for Health and Care Excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.

- Care workers we contacted confirmed that if they were required to administer medicines as part of their role, they had completed appropriate training. Some staff also confirmed they had undertaken an assessment of their competency in relation to the administration of medicines.
- The medicine administration records (MARs) we looked at demonstrated that people had their medicines administered as prescribed. The MARs were regularly reviewed and if any issues were identified in the way they were completed appropriate action was taken.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe with the care they received during the visits. One person commented, "Perfectly safe. They are very reassuring and really helpful in every way. They make me feel comfortable." Relatives of people receiving care also confirmed they felt their family member was supported in a safe way by the care workers. Relatives told us, "Yes my family member is safe, they live with us and we see it (care giving) all the time." Another relative said, "I think they are very caring from what I can see. They are very kind to my family member. "
- There were appropriate processes in place for the recording and investigation of safeguarding concerns. Safeguarding concerns were listed on a tracker sheet which included information on the date, who it related to and the outcome. The records were regularly reviewed to identify if there were any trends or themes which required action to resolve.
- Care workers we contacted confirmed they had completed training on safeguarding adults. They demonstrated a good understanding of the principles of safeguarding.

Staffing and recruitment

- The provider had robust recruitment processes in place. During the inspection we reviewed the recruitment records for three care workers. All the records we looked at showed that a minimum of two references were obtained, a full employment history and a criminal record check were carried out for all new care workers.
- The registered manager explained, some people had suspended their care packages as family were supporting them during the pandemic, they had adequate staffing levels to carry out all the planned visits.
- In general, care workers told us they had enough time for all the care tasks during a visit, but some staff commented that they could sometimes feel hurried depending on the situation and if the allocated time is not appropriate for the tasks to be completed. If they feel additional time is required, they inform the office. One staff member told us "We are encouraged to let office know if we need more or less time, on the whole times are adequate."
- The majority of people confirmed care workers stayed for the agreed length of time and they knew who would be visiting them apart from when the care worker was on leave. Comments included, "I know who's coming and what time they are coming. They know exactly what to do, you don't have to tell them unless you get a different one." And, "Sometimes you get a bit chopped about if someone's sick. At the moment I've got the same ones all the time. The regular one comes mainly the same time. I only have them for half an hour and they stay for that time".
- Relatives also supported this view with one relative commenting "They arrive on time, they stay the right time. We get a regular group of carers, they know what the requirements are. I don't have to explain, they have the chart and the book, everything is written in the book. If a new person comes, they come with the person who normally comes here."

Preventing and controlling infection

- We asked people if care workers demonstrated good infection control practices when they carried out a visit. People told us they saw care workers using personal protective equipment (PPE) during the visit. Their comments included, "First thing (the care worker) does is go to the sink, wash her hands, puts on her gloves and she always has got her mask on. She puts her apron on. She puts it in my bin, the gloves and apron when she has finished, that's fine." And, "They wear all the gear, there's a waste bin to put their stuff in. Then

it gets wrapped up and goes out with the rubbish."

- Care workers confirmed they had enough PPE provided for when they visit people and a specific senior staff member would visit them in the community to deliver new stocks to reduce the number of times they had to travel to the office. Care workers had also completed additional training in relation to the use of PPE.
- The provider had robust infection control plans in place in relation to the pandemic. The compliance manager explained a contingency plan for the pandemic had been developed and reviewed in March and September 2020 and they were in the process of developing a plan for the winter period.
- Risk assessments had been completed for people using the service, care workers who visit people and office-based staff including specific risk assessments for people from a black and minority ethnic background.

Learning lessons when things go wrong

- There was a robust process in place for recording and investigating incidents and accidents. We reviewed the records for two incidents and one accident from 2020 and saw they included a description of what happened, outcomes and any actions taken.
- A monthly analysis of incidents of accidents was completed identifying any trends or issues that required action.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured care and risk management plans reflected a person-centred approach to how people were supported and care was provided. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care and risk management plans reflected a person-centred approach to how people were supported, and care was provided. A new format of care plans had been developed which included detailed information on the person's preferences as to how their care was provided. For example, care plans for people where care workers supported them with making breakfast included details of their dietary preferences.
- Information in the care and risk management plans reflected the findings of the assessments carried out of people's care and support needs. For example, we saw the care plan for a person living with diabetes which included information on how it was initially diagnosed, how it changed the way the person lived and the current impact on the person's life in relation to the care that they required. This meant care workers were provided with additional information on how a person's life had changed and how that may influence how care was provided.
- Care plans identified how care workers could support people to maintain their independence. The care plans included information on which aspects of care a person required support with and where they were more independent. For example, where a person was helped with personal care the guidance identified which areas of the body the person could wash without support. A care worker commented "In terms of the service I provide for the service user, I help to ensure they stay as independent as possible but assist them in thing they find difficult."
- We reviewed daily care records, and these reflected the care identified in the person's care plan. At the last inspection we saw that the daily care records did not include any personalised information about the person's well-being during the visit. At this inspection we saw these records included more information about the person and the registered manager confirmed they were working with care workers on developing more detailed daily records for each care visit.
- The registered manager identified numerous examples during the lockdown period where a positive impact was made to a person's wellbeing which was done outside of the agreed care package. These included assisting a person to attend their wife's funeral, obtaining supplies of toilet rolls and distributing

them to people who were unable to get any from the supermarket, ensuring a person could get their favourite meals delivered, locating appropriate equipment for a person who received their care in bed so they could wash their hair, supporting a person to get their bathroom repaired so they had access to a working toilet and provided home based activities for a person living with dementia to provide stimulation.

Meeting people's communication needs

At our last inspection the provider had not ensure the information included in care plans identifying a person's communication abilities and needs was clear. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans clearly indicated if a person had been identified as having a specific need in relation to communication. For example, where a person had been identified as having a hearing impairment the care plan stated care workers needed to face the person and speak loudly and clearly to the person. We also saw where a person had a visual impairment the care plan directed care workers to ensure the person had access to a magnifying glass they used to read.
- The registered manager told us the care was provided for a person who did not speak English. The registered manager explained a translator system was downloaded to a phone and a relative taught them some simple words and phrases. These have been written down and included with the care plan in the person's home for care workers to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager explained that during the lockdown period care workers supported people to reduce the risk of social isolation. They told us care workers facilitated video calls to family members to try and reduce feelings of isolation.
- Care workers supported people to arrange meetings with health care professional to help address their health issues during lockdown.

Improving care quality in response to complaints or concerns

- The provider had a robust process in place to investigate and respond to complaints. During the inspection we reviewed the records for two complaints that had been received during 2020. We saw the complaints had been responded to appropriately.
- People and relatives confirmed they knew how to raise a complaint and if they had made a complaint it had been responded to appropriately.

End of life care and support

- The provider identified where people had decisions in place in relation to the care they wanted as they approached the end of their life. The registered manager confirmed they were not providing end of life support at the time of the inspection, but they work closely with the local palliative care and nursing teams then they need to provide end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured there was consistent management and leadership with a culture that did not always support the delivery of high-quality, person centred care. This was a breach of regulation 17 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider has introduced a range of checks and audits to monitor the safety and quality of the service which were used to identify any issues where improvements were required.
- Where risks had been identified in relation to health and wellbeing during a person's needs assessment the provider had ensured that guidance for care workers had been provided which included reasonable actions to mitigate these risks.
- A monitoring system had been introduced to assess the competency of care workers when they administer medicines.
- Regular checks were carried out on care plans to ensure the information on a person's care needs was accurate. Safeguarding, incidents and accident and complaint records were regularly audited to identify any trends where action was required.
- In addition, regular quality monitoring telephone calls and visits were carried out with people using the service to ask them about their experience of the service.
- There was a clear management structure in place. The management team included a registered manager, deputy manager, quality compliance officer and human resources and training manager.
- Photographs of the senior team including managers, supervisors, assessor and occupational therapist were on the website and included information of their professional background and their role.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service told us they felt it was well run. Their comments included, "The office, the registered manager is as good as gold. When she comes round, she does everything." And, "They're providing me with everything I want. If I phone them, they do it straight away."

- Relatives also confirmed they felt the service was well run. Their comments included, "I'm very impressed with them, they call me regularly, they always keep me informed. Even when I've been on holiday, they have called to let me know if something has happened, just to reassure me that this has happened but [family member] is OK." And, "This company is very much organised and disciplined. Hats off to the registered manager, she is brilliantly managing."
- Staff told us they felt the service was well run. Their comments included, "I am of the opinion that the service is well managed and they take responsibility for their staff and service users who are in receipt of services." And, "Specialist Care Services nourish a respectable culture, they provide person centred care for the service users as well as for the staff members, empowering people to live a full field life to the best of their capabilities."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were a range of policies and procedures in place which were regularly reviewed and updated when required.
- The registered manager responded to complaints in a timely manner and identified where improvements could be made. When asked about the complaints process one person using the service commented "I can certainly tell someone if I needed to." A relative said "I call the office and they immediately sort it out. You can't be 100% perfect. I don't need to call back to remind them."

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

- The registered manager explained an annual survey was carried out with people receiving care and their relatives. During the inspection we saw the analysis of the most recent survey which had been analysed to identify any issues. The registered manager told us the survey had been updated to include questions in relation to Covid 19 and the use of PPE by care workers so they could monitor infection prevention and control.
- People using the service were given a Service User Guide and the registered manager told us they were developing an audio version of the guide so it could be given to people who were unable to read the document.
- Staff told us they felt supported by their manager. One staff member told us "Yes, I can contact my supervisor anytime and she supports me with any issues I have, or I can always contact my manager which will deal with any issues, which are always resolved."

Working in partnership with others

- The registered manager confirmed they had worked closely with the local authority and the Clinical Commissioning Group (CCG) during the lockdown period to identify any issues with PPE and if any people using the service required additional support.
- If it was identified that a person required support in making decisions, they had access to advocates if this was an appropriate resource to meet the person's needs.
- We contacted health and social care professionals to gain their views on Specialist Care Services. The feedback we received was very positive and all responses indicated there were good working relationships with the service. Comments included "The service is extremely well managed with excellent communication skills which is highly valued by Occupational Therapists at social services when assessing their referred client's in the community. Specialist Care Services will always facilitate our visits to their clients to promote independence for the client's they care for in Hillingdon" and "Specialist Care Services have a great attitude and I have received great feedback from patients' families. They have great communication skills."