

## Short Notice Care Services Limited

# Short Notice Care Services

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 5 May 2016 and was announced.

Short Notice Care Services is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 74 people. The frequency of visits and duration across the service varied dependent on individual needs and circumstances.

There was a manager in post who was present during our inspection. The manager had applied to become the registered manager of the service. 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.

People were confident that staff knew how to support them safely and protect them from abuse. Staff were able to recognise the different signs of abuse and who to report concerns to. Risks to people's safety and wellbeing had been assessed and staff were aware how to protect people from harm.

There were enough staff to meet people's needs. Staff were allocated sufficient time to meet people's needs and people never felt rushed. The provider completed checks to ensure potential new employees were suitable to work with people who used the service before they started working with people.

People received support to take their medicines as prescribed. Staff monitored people's health and reported any concerns to the relevant health professionals.

People were supported by staff who had received training relevant to their role. Staff felt well supported by the management team and were able to contact them for support at any time.

Staff sought people's consent before supporting them. People were given information in a way they could understand to enable them to be involved in decisions about their care and support.

People were positive about the support they received. People felt staff were kind and considerate. Staff promoted people's dignity and supported them to remain as independent as possible.

People receive care and support that was individualised. People felt listened to and their preference for care delivery was respected. People's care plans were kept under regular review and the service was responsive to any change in people's needs or circumstances.

The provider actively sought people's views on the service and people were comfortable to raise any concerns with staff or the manager. The provider had a complaints process and where concerns had been raised these were dealt with appropriately.

There was positive working culture with open and honest communication. The manager had a number of checks in place to monitor and develop the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were confident that staff knew how to support them safely. Staff were aware of the signs of abuse and who to report concerns to. People were supported to take their medicine as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff sought people's consent before supporting them. People's choice was respected. People received support to eat and drink enough.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind. People were given choices in a way they could understand and felt listened to. Staff had formed effective working relationships with people. People were treated with dignity and respect and staff supported them to remain as independent as possible

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care that was regularly reviewed. People received a flexible service that responsive to their changing needs and circumstances. People felt able to raise concerns with staff or management and were confident that they would be acted upon.

### Is the service well-led?

Good ●

The service was well led.

People and staff were positive about the working culture and felt they could approach the manager at any time. The manager had a clear vision for the service which was shared by staff who worked there. The manager had checks in place to monitor and drive improvements in the service

# Short Notice Care Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 May 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 13 people who used the service and three relatives. We spoke with eight staff which included the manager, the trainer, the administrator, the scheduler and four care staff. We also spoke with an external professional. We viewed two records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

# Is the service safe?

## Our findings

People with spoke with told us they felt safe and reassured by the service they received. One person said, "When I came out of hospital following my hip replacement, I didn't feel very safe at all. My carer provides me with their support so that I'm not worrying when I take a shower that I might topple over and not be able to call help at all." Another person said, "I have to transfer on and off the bed using a banana board and I certainly wouldn't have the confidence to attempt this on my own without them (staff) being here to help me."

Staff were aware of the risks associated with people's needs. This was confirmed by a person who said, "I certainly don't think I'd be safe to transfer from my wheelchair to the bed and back again without them being here to guide and support me. As far as I'm concerned, they know what they are doing and how to keep me safe which is a vital thing for me". Staff told us they had access to detailed risk assessments. They said they referred to these and people's care plans to ensure that they were aware of people's needs and how to support them safely. Where people required the use of a hoist to lift them staff said they always worked in pairs to reduce the risk of injury to the person and themselves. We saw that the provider completed risk assessments for both the individual and the environment staff worked in. Where equipment was used we saw that this was recorded in people's care records together with the date the equipment next required servicing.

Staff were knowledgeable about the different forms of abuse and how to recognize the signs of abuse taking place. Staff told us they would not hesitate to report any concerns they had to their seniors or the manager. Where there had been safeguarding concerns we saw that the manager had taken appropriate action to investigate the concerns raised. This was confirmed by an external professional who told us that manager had demonstrated an open and transparent approach when asked for information. They said that the manager had gone above and beyond what they had expected of them.

People felt there were sufficient staff to meet their needs. They explained that when their regular staff were on holiday or ill the provider would let them know. One person said, "The agency are usually really good and will at least phone to let me know who will be coming to cover for them". People felt staff had enough time to do all the tasks required of them and stayed for the length of time allocated to them. "My carer never makes me feel rushed. They will always take their time and always make sure I am comfortable and have a drink before they leave me. People told us that there were occasions when the staff were later visiting than expected. One person said there was a railway crossing where they lived which could impact on the time staff arrived. They explained that regardless of this the staff member always stayed for the required amount of time and they never felt rushed by them. Staff told us there were enough staff and they were allocated sufficient time to meet people's needs and travel between people's homes. This reduced the risks of late calls so. In the event of them being held up in traffic or having to stay longer with a person than the allocated time they would notify the office. The office staff would let the next person know staff were going to be late or arrange alternative support.

Staff told us the provider completed checks to ensure they were suitable to work with people who used the

service before they started working with them. These included references from previous employers as well as checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. Records we looked at confirmed these checks had taken place..

Staff demonstrated they would take appropriate action in the event of an accident or incident. If medical attention was required they would remain with the person until this arrived and notify the office. They would complete the necessary forms. The manager told and we saw that they analysed the completed forms to ensure that appropriate action had been taken. They would also look at how they could reduce the risk of reoccurrence. For example, we saw that there had been an incident where there had been a missed call. The manager had investigated and looked into the reason why the call had been missed. They had taken appropriate action to prevent this happening again.

People told us they received support to take their medicine as prescribed. "I am diabetic and it is really important that I have my medication at the right time... They (staff) always sign to say that I have taken them in my records". Another person said, "My carer always gets my tablets out of the DOSSET box and always makes sure that I have enough drink to take them with. They (staff) always then signs in the book to confirm that I've taken them." Staff told us they only gave medicines after they had received training and were deemed competent to do so. They received regular competency tests to ensure on going safe management of medicine.



## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. One person said, "I can't really think of anything that they need to improve to be honest, just keep doing what they're doing." Another person said, "I think my carers have all the skills they need to help me and I've never had to complain about anything that they've done for me". Staff we spoke with felt well supported in their roles. They had regular one to one meetings with senior staff where they were able to discuss any areas of concerns such as their training and development needs. Staff told us their seniors completed regular competency checks and provided constructive feedback on their practice. Staff were encouraged to contact the office or out of hours at any time should they require guidance or support.

Staff we spoke with said they were provided with a range of training opportunities which enabled them to meet the needs of people who used the service. Staff who had attended dementia training found this helped them understand what people living with dementia were experiencing and how best to support them. Other staff found the manual handling training to be of great benefit. They said there was always new pieces of equipment being brought in and they needed to know how to use these safely. If a person was issued a new piece of equipment to help them move around a senior staff member would meet with the occupational therapist or physiotherapist to ensure that staff knew how to use it properly. The provider employed a trainer who provided training for new and existing employees. On the day of our inspection we saw that they were providing induction training to two new staff. All new care staff completed the care certificate during their induction. This course followed nationally recognised standards in care. The induction included office based training as well as time spent working alongside experienced members of staff. Senior staff monitored their progress and deemed when they were competent and confident to work on their own. The trainer was responsible for updating staff training records and ensuring that refresher training was completed. Staff were also encouraged to ask for any training they would find beneficial to their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us staff always ensured they asked them if they were happy to continue before they supported them. One person said, "My carer always want to know if I am alright when they first come in and won't even think about starting to help me up until they know I am ready to face the day. Instead, they will do some of the other chores first instead". Staff we spoke with told us they took time to explain choices to people so that they could say what they wanted to do and how they liked things done. If people were reluctant to accept support they would provide different options or give them some space and return to them a few minutes later. Staff were clear that they would not force anyone to do something they did not want to do. The manager and trainer were able to demonstrate their understanding of the MCA. They advised that some people had power of attorneys in place where their representatives were authorized to make decisions on their behalf. Where people lacked capacity to make specific decisions they said they would liaise with people and other professionals involved in their care to ensure people's rights were protected. While staff were aware of consent issues not all staff were able to explain sufficiently MCA or DoLS

and the impact on their practice. The manager assured us that they would make arrangements for staff to receive further training and guidance in this area.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Depriving a person who lacks capacity to consent to the arrangement for their care and treatment of their liberty in settings such as the person's home will only be lawful following an order of the Court of Protection on a best interests personal welfare matters. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no people using the service who were subject to a DoL at the time of our inspection. The manager was aware of their responsibilities under DoL legislation and would liaise with the local authority DoL team should the need arise.

People were happy with the support they received to ensure they had enough to eat and drink. One person told us, "My carer's help organize all of my food for me whether it's breakfast, dinner, tea or a bit of supper. They are very good and they know by now what I like, but they will always ask when they come in what I fancy to eat". They went on to tell us that staff always ensured they had a drink before they left. Another person told us the staff who visited them knew them well and they would add things to their shopping list when they were running low. This allowed the person's relative to get the things they needed. The person said, "It's just the little things that make all the difference". Staff we spoke with were aware of people's dietary needs such as people who required a diabetic diet and people who were at risk of choking and required thickened fluids. Where there were any concerns about what people ate and drank staff would record this and inform the office. The trainer told us they had had good links with the speech and language therapist and any advice given was incorporated into people's care plans for staff to follow. Records we looked at confirmed this.

One person told us that staff called the doctor for them when they found them to be unwell. The staff stayed with them until the doctor arrived and had informed their family. They said, "Those staff must have known what they were doing to ring the doctors". Staff we spoke with demonstrated they would take appropriate action should they find someone unwell or injured when they visited. They would deal with the presenting situation and inform the office.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring and kind. One person said, "In my opinion the agency has managed to recruit some really lovely carers. I have met quite a few of them in the time I have been with them and I don't think one of them has ever been anything other than very professional, caring and go out of their way to make sure they are on time. I am well looked after and happy". Another person said, "My carer always makes me a cup of tea when they first come through the door because they know I am much better having something to drink before tackling getting up and washed. I really appreciate their kindness in this way".

Staff had formed good working relationships with people they supported. One person said, "I must say that I have got on well with all the carers who have looked after me". Another person said, "I have been very fortunate because my original carer is still with me some 15 months later and they are now like part of the family". Staff we spoke with talked of the benefits of taking time get to know people through reading their care plan and chatting with them. They found this allowed them to build a trusting relationship where they got to know people's routines their likes and dislikes.

People told us that staff offered them choices and involved them in decisions about their care and support. One person said, "I am rather old and set in my way and I certainly like to get dressed a certain way. My carers are all very good and put up with me and I am grateful to them for that". Each person we spoke with was able to describe their care plan and said they had agreed the contents before it was finalized. Where staff had difficulty communicating with people they would adapt their communication methods to suit. One staff member told us they worked with someone with hearing difficulties. In order to promote effective communication with the person they ensured they faced the person when talking to them and repeated things if they had not understood them. Another staff member told us they used communication aids with people or got people to write things to enable them to make their wishes known.

People told us staff promoted their dignity and respected their confidentiality. One person said "It's usually my carer that notices if I've spilled something down me and they always insists on finding me something clean to wear". Another person said, "I've never heard my carers talk about anybody else they are looking after other than to say that they might have been held up and were a bit late leaving their previous client". Staff were mindful that they were working in people's homes and needed to respect the person and their property. One staff said it was important to view things from the person's perspective when providing care. Another staff member told us they ensured that people were not exposed when they were providing personal care. They allowed people to do as much as possible for themselves to promote both their independence and their dignity.

## Is the service responsive?

### Our findings

People were actively involved in planning how they wanted their care and support to be provided. One person said, "Once I got home, someone came out from the agency and I remember talking to them about the type of help, the days of the week, and the times which I would like to have". One person explained they did not require a shower every day of the week and had therefore asked for longer visit only on the days they needed a shower. They said, "They have been very good and organized my care so this happens and I am very pleased with how this has worked out". A relative we spoke with recalled they and their family member had met with someone from the service prior to the support starting. The staff member had asked their family member all about them and the things they needed help with. They also discussed call times and preferences about the staff they would like to support them". The manager told us they strived to deliver person centred care to give people choice about the care and support they received. They acknowledged that there were occasions when people's preferred call times could not be facilitated. They would discuss this with the person. If they were not happy with the alternatives offered they would refer the person back to the local authority to find a more suitable service.

People felt staff knew them well and were responsive to their needs. One person said, "My carers know that I hate getting cold because of my age. When I get cold it's very difficult to get warm for the rest of the day. They therefore always warm up my towels before I get in the bath so as soon as I am out they can wrap a nice warm towel around me and it makes a real difference to me". Where a person had asked for a different member of staff to support them they said this was responded to and dealt with promptly. The manager told us they tried to match staff to people as much as possible. Where people requested changes they respected their choice and made the necessary arrangements.

People's care needs were kept under regular review. One person told us they had recently been visited by a senior staff member. They looked through their care with them to make sure it reflected their needs and the support they required. The person had decided to reduce their support as they were now able to make their own meals. The senior staff amended their care plan to suit. Another person found the service to be very flexible. They said, "I've had to phone them a number of times to change an appointment time because I have had something else crop up which means leaving the house earlier and each time they have been very accommodating and rearranged without any fuss being made about it". Staff told us that people's care plans were regularly updated to reflect changes in people's needs. They would report any changes in people's needs or circumstances to the senior staff would ensure the care plans were updated and available in people's houses. Records we looked at confirmed that reviews had been completed on a regular basis.

People we spoke with were aware of how to make a complaint. When asked one person said, "Thankfully I've never had to make a complaint, but I know there is a leaflet about how to do so in the folder that I keep here. Knowing the management at the agency, I think they would listen to any concerns I had and hopefully sort that out for me without it causing too much of a problem." Another person told us they had never had cause to complain but would get their relative to do speak with the provider if the need arose. The provider had a complaints process which formed part of people's information pack about the service which they were given when the first started to receive support. We saw that complaints received were dealt

with in an appropriate manner. One person raised concerns about their calls times during our inspection we referred this to the manager who agreed to speak with the person directly.

## Is the service well-led?

### Our findings

The manager had been in post for four and a half months and had applied to become the registered manager of the service. They told us their aim was to achieve the best possible outcome for people who used the service. They wanted to ensure that people were happy and felt safe. They said they promoted an inclusive approach where staff and management worked as a team to make things better. Staff felt that the manager had a clear vision for the service and were confident that they would take the service forward. There was positive working culture where everyone worked together to meet the vision for the service. One staff member said, "We work as a team to get better results". They went on explain everyone worked together from the top to the bottom of the organisation.

People found the manager and staff approachable. One person said, "The management and the office staff are very friendly and helpful and you're never made to feel as if you're bothering them if you need to talk to somebody. The management and supervisors will occasionally come and cover some of the visits so I get to see them probably about once a month if not a little bit more. It allows me to have a chat with them and talk about any problems that I might have".

People and staff found communication with the manager and the office to be good. There was a clear management structure in place. The manager was supported by the provider, administrative workers and senior care staff. The provider maintained weekly contact and provided support as and when required. The manager had asked the provider for a new scheduling system and this had been agreed. The provider had also agreed to additional administrative support. There was a 24 hour on call system which people and staff could contact should they require support outside office hours. In addition to this the provider operated an electronic monitoring system where staff logged in when they arrived and were leaving people's houses. This alerted the office to any late or missed calls.

Staff told us they attended staff meetings where they were encouraged to and felt comfortable to raise ideas or concerns. They felt that their views were listened to and acted upon. One staff member said, "If we think something can be done better we go to [manager's name] they would try and improve things".

The manager had introduced new systems to provide them with overviews of different aspects of the service. This allowed them to organize and prioritize their workload. They had a number of checks in place to monitor the quality of the service. These included audits of care records as well as spot checks on staff practice. The spot checks included checks on staff approach, manual handling practice and medicine administration. During spot checks the senior staff also asked people's views on staff practice. If the checks raised any issues about staff competency further training and guidance would be provided to support staff in their role.

The manager and trainer kept abreast of best practice. They made use of local resources and training opportunities at local colleges. They accessed distance learning material and cascaded their knowledge to staff. Staff were encouraged to request training of interest or refresher training as required. The manager intended to run focus groups for people and staff to involve them in developing the service. The trainer told

us they were a dementia champion and they aimed to run community groups to raise the awareness and understanding of dementia.

The manager was keen to involve people and staff in developing the service. They had issued a survey to gather staff views on how to improve the service. They intended to develop a new survey for people to complete. In the meantime they were gathering people's views of the service when completing care plan reviews. They used the information gathered to make improvements in the service. We saw the results of the previous survey completed by people in August 2015. Where concerns were identified we saw that actions had been developed to address the concerns raised. One action was for a newsletter to be developed and distributed to people who used the service so they were kept better informed. The manager informed us this was an area of work that they planned to take forward in the near future