

Special Care Services Limited

Special Care Services - Main Office

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 took place on 26 July and 2 August 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office. At our previous inspection during January 2015 the provider was not meeting all the regulations we checked. At this inspection improvements had been made in people receiving care at the agreed time, complaints were being addressed and arrangements to monitor the quality of the service had been implemented.

Special Care Services – Main Office is a domiciliary care agency providing personal care to young adults and older people in their own homes across Derby. This includes people with physical disabilities and people who lived with dementia. The agency is located in the Littleover area of Derby. The service was providing support for 48 people at the time of our inspection.

There was a registered manager in post; they were also the service provider. 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 told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Recruitment procedures were mostly thorough. The provider mostly proved assurance suitable staff were employed to work with the people who used the service.

Staff understood the support people needed to make decisions. However the provider did not fully understand their responsibilities under the Mental Capacity Act 2005.

Risk assessments and support plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

Suitable arrangements were in place to assess and monitor the quality of the service, so that actions could

be put in place to drive improvement.

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 told us they felt safe. Staff knew how to recognise and report potential abuse. Recruitment procedures were not thorough to ensure risks to people's safety was minimised. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. Staff supported people to receive their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff felt confident to support people because they received the relevant training. Staff understood about the support people needed to make decisions, but capacity assessments were not in place. People were supported to eat and drink enough to maintain their health. Staff monitored people to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff ensured they respected people's privacy and dignity, and promoted their independence. People and relatives were involved in making decisions about care.

Is the service responsive?

Good ●

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post. People were

encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities. They were given guidance and support by the management team.

Special Care Services - Main Office

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 26 July 2016 and 2 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by 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.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with six people who used the service and nine people's relatives. We spoke with the registered manager, the deputy manager, care co-ordinator and seven care staff.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

At our previous inspection in January, we found there was a breach in meeting the legal requirements related to person centred care. People were not having their individual needs met within the time that had been agreed with them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The registered manager told us rotas were sent out on a weekly basis to people who used the service or their representative. If there were any changes to the rota's the office staff contacted people to notify them of this immediately. People we spoke with confirmed this. The majority of people told us the service was reliable and they received the care and support at the times agreed. People said if there was a change in the care to be provided, they were contacted by the office staff. For example one person said, "They are usually on time unless there have been problems elsewhere. I have no concerns at all." A relative stated, "They seem to turn up on time and stay for their allotted time and to be honest I have no worries around safety at all." However one relative told us staff did not always stay for the whole duration of the call. We discussed these comments with the registered manager. The registered manager stated they would reiterate to staff about staying for the whole duration of a call.

People told us they felt safe with the staff that supported them. Comments included, "I am hoisted and I always feel safe" and, "I definitely feel safe with the carers." Relatives of other people we spoke with said, "We feel the care is safe in every respect" and, "When they have bought milk for [Name] they always supply receipts. There are no issues with trust."

Risks to people's health and wellbeing had been assessed and where risks were identified, care plans described how staff should minimise them. For example, one person was assessed as being unable to mobilise independently. We saw that the risk assessment included equipment to be used to support the person. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. Care plans were reviewed to ensure the information was up to date and reflected people's current needs

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us what actions they would take if they had concerns for the safety of people who used the service. They told us they had undertaken training to support their knowledge and understanding of how to safeguard people from harm. They knew which external agencies to contact if they felt the matter was not being addressed by the provider. However we saw that a safeguarding concern had not been reported to all the relevant authorities by the registered manager. We discussed this with the registered manager who confirmed in future they would make safeguarding referrals to the correct authorities.

People and staff told us they felt there were enough staff to meet people's needs. Staff also told us there was adequate travel time allowed between calls and that calls on their rota were mainly in one geographical area. One member of staff said, "There seem to be enough staff." The deputy manager told us there was

always one member of staff on standby to cover for colleagues in unseen circumstances from 7am – 11am. Staff we spoke with confirmed this worked well.

Some people told us they required support to take their medicines. One relative said, "The medication is always given safely and staff always concentrate on the medication administration record (MAR)." Another relative told us, "Staff administer medication safely and have never forgotten to give it." We saw that assessments were completed to determine what level of support people required to take their medicines. Staff told us the MAR was kept in the person's home and this was signed when the person had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. Staff told us, and records confirmed they had undertaken medicine training. Staff we spoke with told us they felt confident in supporting people with their medicines.

People's safety was not always protected by the provider's recruitment practices. Relevant pre-employment checks were in place before staff commenced employment. This included checking staff with the Disclosure and Barring Service (DBS) and obtaining proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service. We found one check had disclosed information which the provider had not acted on to determine whether the person was still suitable for their role. We discussed this with the registered manager who confirmed they would be taking action to address this. We spoke with staff who confirmed the necessary pre-employment checks had been completed before they commenced working on their own in the community.

Is the service effective?

Our findings

We asked people for their views about the care and support provided by staff. They told us staff knew their needs and supported them well. People and relatives we spoke with were complimentary about the care provided by staff. Comments included, "They are all lovely. It is nice to see them do their job well. They are a nice bunch and seem to be well chosen for the job," and, "I am very happy, I get on well with them and they are very helpful."

The induction period included two weeks shadowing (working alongside more experienced staff), at the end I felt confident to go into the community and support people. " Another member of staff said "At the end of the shadowing period the manager asked me if I was ready to support people. I asked for additional shadow shift which was really helpful." The registered manager told us part of the induction program they would be introducing the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

People had confidence the staff had the skills and knowledge to meet their needs. Comments included, "The staff all seem trained to fulfil their role" and "They [staff] seem well trained for the job and with new staff they are supported to understand a person's routine." The registered manager told us they had moved over to a new training provider, since the last inspection and staff had received essential training. Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. Staff told us that they received the essential health and safety training, which included regular updates when required. One member of staff said, "The training was very good and thorough. Training records we looked at showed staff had received training in a variety of areas.

The registered manager told us formal supervision (a meeting staff have with a manager to discuss any issues and receive feedback on their work performance) with care staff took place annually. Staff told us they received supervision, although the frequency of this varied between individual staff. For example two members of staff told us they received supervision twice a year, whilst another said they received supervision annually. The registered manager told us they had an open door policy and staff were able to contact them if they required support. Staff told us they felt supported by the manager and office staff. Comments included, "The manager is really supportive both professional and personally" and, "I am very happy with the agency. The people we support are also very complimentary of the service."

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 people 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 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.

Staff knew whether people had capacity to make decisions and understood their responsibilities to support people make their own decisions. They told us how they explained to people the support that was to be

provided and respected the person's right to refuse support. Some staff told us they had not received training on the MCA. Not all staff had received training to understand the MCA, however the registered manager was aware which staff required this training and was arranging it with their training provider. We did not see mental capacity assessments in people's records or any record to determine whether decisions made were in the person's best interests. We discussed this with the registered manager who told us they would be incorporating this information within assessments and care plans.

People we spoke with were happy with the support they received from staff to help them with the preparation of meals and drinks. A relative said, "At one point we had to request [Name] be served extra vegetables as [Name] iron levels were low. The staff dealt with this request and provided this." People's care plans had information about their food likes, dislikes and preferences. Records showed staff were trained in handling food safely.

Specialist advice had been sought where people had difficulty swallowing. For example a person had been referred for a speech and language assessment (SALT), as staff were concerned that the person was at risk of choking. We saw guidance from the SALT instructing staff on how to support the person. The registered manager told us staff continued to monitor the situation. They said if the concerns remained they would contact the relevant agencies such as the SALT team.

Relatives told us they were kept informed of any health changes in their family member. One relative said, "The agency arranged for an occupational therapist (OT) to visit and assess [Name]. Another relative said, "They seem very aware and always tell me about any changes, they consult with me regularly." People's health needs were identified in their care plans. Records showed, and staff told us they monitored people's needs and sought appropriate medical intervention when necessary. A member of staff told us how a person's needs deteriorated. They said "I was concerned about [Name], the manager came out to reassess the person and arranged for an OT and physiotherapist assessment. We got the right equipment to support the person."

Is the service caring?

Our findings

All the people and relatives we spoke with said the staff were caring. People said they had a good relationship with staff. One person said, "I have always been happy with them, I always see the same person. I look forward to my carer coming. She is thoughtful and caring." A relative told us, "The communication is excellent, they seem very caring and will go the extra mile. I have seen care when it doesn't work, and this does work. Staff know [Name] well, particularly the morning carer who comes very regularly."

People and their relatives told us they were involved in planning the person's care. One person told us, "Someone discusses changes to my care with me on a regular basis and I get emails so I know the rota and the staff who will be coming." A relative said, "There is a care plan in the house and I was involved in the setting up of the care plan. I have always been kept informed of any issues which have occurred." Care plans we looked at were individualised. There were written agreements in care plans signed by management and, wherever possible, the person who used the service and/or their representatives.

People felt that staff treated them with dignity and respect. One person told us, "The staff are very personable and respectful." A relative said, "[Name] likes to be addressed as Mrs [Name] and the staff have respected their wishes with this. Staff understood their responsibilities to protect and uphold people's dignity and welfare. Staff were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. Staff told us that they ensured doors were shut and they made sure people did not feel exposed when providing personal care by covering parts of the body not being washed. One member of staff said, "I treat people how I would like to be treated. I always explain what I am going to do."

People told us they were offered choices in their daily routines. They told us staff involved them in the support they required. For example one person said, "They [staff] are always respectful." They know how I like my tea and my toast." Another person told us, "A lot of the staff know me well. They do extra things to help. They seem happy and are flexible with me if I am having a bad day they are understanding." A relative said, "The staff certainly don't take over with tasks and seem to offer the right amount of support, gentle assistance and encouragement." Staff were able to describe how they offered choices to people, for example, regarding meals and what to wear. One member of staff said, "I take out a few meals and let the person decide on what they would like to eat." Another member of staff told us, "I ask people about how they would like to be supported. If they are not able to tell me I look at the care plan, observe the person's body language or ask their family."

Is the service responsive?

Our findings

At our previous inspection in January, we found there was a breach in meeting the legal requirements relating to complaints. People's complaints and concerns were not resolved as far as reasonably practicable to the satisfaction of complainants. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service had improved its response to complaints and concerns raised. At our last inspection, people and their relatives expressed a lack of confidence in complaints being dealt with effectively. At this inspection visit the registered manager told us people were contacted if staff had been delayed or if there had been any changes to a rota. During this inspection, People and relatives told us they knew how to make a complaint and majority were confident it would be dealt with. One person said, "I have no complaints but I wouldn't be worried to raise one if I needed to." Another person stated, "I had an issue which was dealt with very well. It was resolved and I still have complete confidence with the company." One relative said, "If I had any issues or complaints I would ring the office to discuss them and I would feel comfortable doing so. Things are resolved immediately in my experience." Another relative told us, "From my point of view, they are very cooperative and I can ring for anything. I would always feel comfortable approaching them with an issue. I did have to call them about an issue and it was dealt with immediately." However one person told us their complaint had not been resolved to their satisfaction. We discussed this with the registered manager who confirmed they were aware of the situation and continued to monitor this to ensure that improvements are made.

We looked at the provider's systems for managing complaints; records were kept of complaints received which showed they had been addressed. The complaints procedure was given to people when they started using the service. Since our last inspection visit, the complaints procedure had been updated, including details of other agencies people could approach if they were dissatisfied with the way the provider dealt with their issue. Staff we spoke with knew how to respond to complaints if anyone raised any concerns or issues with them. They told us if anyone raised a concern they would inform the manager or the office staff.

People who used the service and relatives told us they received a personalised service that was responsive to people's needs. One person stated, "Most of the staff are very pleasant and have a good attitude. They are very helpful and good at what they do." Another person said, "My needs fluctuate with my condition and on a bad day it can take longer for me, staff facilitate this and do the best that they can." One relative said, "Staff have helped [Name] with personal care and even changed [Name's] bedding without being asked. I thought that was kind and thoughtful. They don't take over but will do things like make [Name] a drink. As [Name] is having the same carers, they have built a rapport and they understand her needs." Another relative said, They have taken a massive amount of pressure from us."

Assessments were undertaken to identify people's support needs, care plans were developed outlining how these needs were to be met. The records we looked at identified individual needs, such as personal care needs and health care needs. People's preferences were also recorded, for example, if people preferred male or female carers, food preferences and their preferred name.

People's care plans were reviewed on an annual basis or more often where needs changed. Each of the records we saw had an up to date review in place. Relatives told us they were involved in reviews. Comments included, "We have a review process and they send someone out to come and discuss [Name] care" and "We have a copy of the care plan here and we have regular reviews. I speak to the office at least every two weeks."

Is the service well-led?

Our findings

At our previous inspection in January 2015, we found there was a continued breach in meeting the legal requirements relating to quality assurance. The provider did not have effective systems in place to assess and monitor the quality of the service people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection visit we saw quality monitoring processes were in place, to support the provider to drive improvements and take suitable action to address any areas for improvement. This incorporated medication audits and care plan audits. There was a system in place to audit medication administration records, and check for any discrepancies. MAR's were checked by senior staff when staff brought them to the office, or when senior staff visited a person. We saw where issues had been identified, for example, a missing signature on a MARs chart, the registered manager had identified this and taken appropriate action to address the error. Spot checks were carried out on care staff to ensure they were meeting people's needs. For example making sure staff were following correct moving and handling techniques whilst supporting people. Staff we spoke with and records we looked at confirmed this. People using the service were encouraged and supported to express their views regarding the support they received. This was done through satisfaction surveys and also through informal feedback from people and their relatives. We were told by the registered manager satisfaction surveys were sent out annually. We looked at the survey results for 2015, overall the feedback was positive with a majority of the people stating they would recommend the agency to others.

At the previous inspection in January 2015, people told us they were not kept informed of changes to the rota and communication with the office staff was not good. At this inspection people told us they felt the communication with the office was better and they were kept informed of any changes to their rota in a timely manner.

The registered manager was not clear about their CQC registration requirements in relation to which circumstance they were required to submit notifications regarding any changes, events or incidents that they must inform CQC about. We did not regularly receive notifications from the provider, for example we were not sent a notification regarding a safeguarding incident.

Following the previous inspection visit, the provider had introduced staff meetings. The registered manager told us they ensured staff meetings were accessible to all the staff group, by having minutes of the meetings. Staff told us that team meetings took place. We looked at a sample of team meeting minutes which showed that these meeting took place. This provided assurance that staff were given the opportunity to make their views known and for management to share information about the service. A separate meeting was held for office staff. These meetings enabled the management team to review the service provided.

People and their relatives told us that they felt the service was managed well and they were able to raise any suggestions or concerns. One person said, "The agency, from my point of view is very efficient. I have no worries at all." Another person told us, "Overall I am very happy and confident with them. It is well run and I can't think of anything which needs improving." A relative told us, "We are very happy with the care and we

feel happy that we sourced this particular company. It is a small company and you always speak to the same people. They fulfil our needs and the carers are all nice and look after [Name] as if she were a member of their own family."

The registered manager worked at the service on a daily basis and this was confirmed by staff. There was a staff team in place to support the registered manager, including the deputy manager the care co-ordinator and the care staff team. This demonstrated there were clear lines of accountability and communication. We saw this was maintained on an ongoing basis with the staff who worked at the service.

The registered manager maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. This showed the registered managers willingness to co-operate with other professionals.

Staff were positive about the leadership of the service and felt supported by the management. One member of staff said, "The managers are very approachable, I am able to raise any concerns with them." Another member of staff stated, "I think the service is well led, both managers are passionate about the care provided. I definitely feel supported." The provider had a whistleblowing policy which told staff what to do if they had concerns about the welfare of any of the people who used the service. Staff we spoke with had an understanding of the policy and were clear about their responsibilities to protect people.

An emergency on call system was available for staff and people who used the service. Staff we spoke with told us they were able to access this emergency service, which provided out of hours support to deal with any emergencies or problems. All the staff we spoke with told us the emergency call service worked well. One member of staff said "The person on call always gets back to you." Another member of staff told us "I have used the emergency call system, it has been very responsive."