

Senior Care Services Limited

Senior Care Services Limited

Inspection report

9 Church Road
Wavertree
Liverpool
Merseyside
L15 9EA

Tel: 01515592555

Website: www.homeinstead.co.uk

Date of inspection visit:

19 June 2019

21 June 2019

Date of publication:

11 July 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Senior Care Services Limited is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, the service was providing personal care to 31 people.

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

People spoke positively about the staff and the quality of care they received. Staff were incredibly motivated to provide care that was kind, caring and compassionate and it was evident this ethos was promoted by all the management team. Without exception, people told us they received high quality and person-centred care and they valued their relationships with staff. The registered managers understood the need for people to be supported by staff who they knew, had developed relationships with and that they could trust, leading to good outcomes for people using the service.

We were told of many examples where staff had gone the extra mile to ensure people's individual needs and wishes were met. Staff were very motivated and proud of the service they worked for. One staff member told us, "I would really recommend the company."

Two registered managers were in post, one of whom was also the registered provider. They were committed to delivering outstanding care to people and continually looked for innovative ways to develop relationships with other professionals to achieve this. They also aimed to provide inclusive care to the local community and worked with local businesses to raise funds and awareness of issues relating to people living in the community.

The service was dedicated to providing care that put people at the centre of everything they did. People and their relatives were actively involved in the creation of care plans and regular reviews provided opportunity for people to share their views and inform any changes required. Visit times were based on people's preferred times and were adjusted when necessary to meet their changing needs. Staff were incredibly responsive and perceptive to people's changing needs and support was adjusted when required to ensure people's needs continued to be met.

The service was creative and innovative in supporting people to live well. They aimed to break the taboos associated with ageing and dementia and held regular events to provide people with information and advice on how to stay happy and healthy in older age. Staff worked hard to support people to continue their interests and maintain relationships that were important to them.

People told us they felt safe, well supported and would recommend the service to others. This support was provided by staff who had been safely recruited, who people knew well and who arrived when planned.

Staff told us they felt valued and well supported in their roles. New staff completed a four-day induction training course prior to providing any support to people and following mandatory training, additional courses were available specific to people's needs. Staff were provided with the time and training required to provide person-centred, compassionate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent to their care and treatment was sought and recorded in line with the principles of the Mental Capacity Act 2005.

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

Rating at last inspection

The last rating for this service was good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Senior Care Services Limited

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 team included one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had two managers 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2019 and ended on 21 June 2019. We visited the office location on 19 June 2019 and visited two people receiving support in their homes.

What we did before the inspection

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.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider (who was the nominated individual and a registered manager), the second registered manager, office staff and care givers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, medication records and staff training records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training prior to supporting people in the community. A safeguarding policy was in place to guide them and contact details for the local safeguarding team were displayed in the office.
- Staff were aware how to raise any concerns they had. A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- There had not been any safeguarding incidents since the last inspection.

Assessing risk, safety monitoring and management

- People told us they received safe care and they felt safe when care staff supported them. People who lived alone told us care staff always left their home secure when they left. Staff turned off electrics, closed windows and ensured doors were securely closed.
- Risks to people had been assessed and measures were in place to reduce risks. This information was clearly recorded within care files with guidance on how staff should support people to ensure they remained safe from harm.
- People's home environments had also been assessed to ensure they were safe for them, and for staff to work in.
- Staff knew what actions to take in the event of an emergency, for instance if people had fallen.
- People had contact details for the service and told us they could call the office at any time. An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Staffing and recruitment

- Sufficient numbers of staff were recruited to support people. Staff were safely recruited by the provider as all necessary pre-employment checks had been completed
- People told us they were supported by the same core team of staff that knew them well and were always introduced to any new staff before they provided support. People received a rota each week, so they knew in advance who would be supporting them at each visit.
- People told us staff arrived on time and always spent the full amount of time they were scheduled to.

Using medicines safely

- People who required support with their medicines, had them administered safely. Records were completed for all medicines administered and these were regularly audited to ensure they were accurate.
- Medicines were administered by staff who had completed relevant training and had been assessed as competent.

Preventing and controlling infection

- Staff had access to gloves and aprons to help prevent the spread of infection.
- Staff had completed infection control training and had a policy in place to inform them of best practice and legislation. When responsible for food preparation, staff had also completed training in relation to this.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately. All incidents were reviewed by senior staff to look for any trends and assess whether future incidents could be prevented.
- The registered managers regularly met with other franchise owners to share best practice and learn lessons from each other.
- The registered managers described several instances where they had learnt from situations and changed practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to support commencing, to ensure staff were aware of, and could effectively meet their needs.
- Personalised plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals. These plans were reviewed regularly.

Staff support: induction, training, skills and experience

- New staff completed a four-day induction training course prior to providing any support to people. All staff had completed training in a variety of areas to help ensure they could safely meet people's needs.
- People and their relatives felt that staff were well trained. One relative told us the staff the who supported their family member were, "Experienced and well trained" and they were, "Confident in their handling of [person]."
- Staff felt well supported in their role. They received regular supervisions and told us managers were, "Always available; always there at the drop of a hat if you need them."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans recorded when people required support preparing food and drinks and whether they had any specific dietary requirements or preferences. Advice from professionals regarding specialist diets was included within care plans.
- When needed, staff supported people to go shopping to buy their own food.
- The service provided "Stay nourished" information leaflets to people to support good nutrition and staff had received information on risks of dehydration and signs to look for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals to other health and social care professionals were made in a timely way if required.
- People told us staff would support them if required, to contact their GP if they were unwell, or to attend medical appointments.

Ensuring consent to care and treatment in line with law and guidance

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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The registered managers were knowledgeable regarding the MCA and what they needed to do if they felt people's liberty was being restricted and required a referral to the Court of Protection. Staff had received training and had a good understanding of the MCA.
- Records showed that people had consented to their plans of care.
- When an authorised Power of Attorney was in place for people, this was evidenced to help ensure relevant people were involved in decision making when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated to provide care that was kind, caring and compassionate and it was evident this was promoted by all the management team. If people or their relatives called into the office, they would often be invited to a local coffee shop by one of the managers, to offer support and advice, or just chat and provide a social outlet.
- Without exception, people told us they received high quality and person-centred care and valued their relationships with staff. One person told us, "I was anxious at first, but now I trust them [carers]. They are so helpful. I had to go to the hospital and [carer] stayed with me the whole time." Relatives agreed that an incredibly high standard of care was provided. One relative told us, "[Carers] don't talk down to [relative], they have built a rapport and gained our confidence. They suggest things that make our life easier and I often go out walking whilst they help [relative]. I would recommend them to anyone."
- The service received many compliment cards from people who used the service and their relatives. Some comments included, "He was able to live an independent life in his own home. He made real friends with the people that visited him", "Her time with [Senior Care Services Limited] made her life so much happier" and "Thanks to everyone who makes my life a joy." A relative wrote, "The family would like to thank you for keeping [name] safe, inspired, happy and well cared for." We were told of many examples where staff had gone the extra mile. Such as helping a person to have their computer fixed, supporting a person to visit Lourdes and accompanying a person to a new care home so they had a familiar face with them. This helped to reduce the anxiety of moving into the care home and improved the transition experience for the person. Staff continued to visit them for a period of time until they had settled in.
- The registered managers understood the need for people to be supported by staff who they knew, had developed relationships with and that they could trust. People were introduced to new staff by staff they knew well, so they never received support from people they did not know. One person told us this was very important to them due to the type of support staff assisted them with. They told us without the consistency, it would impact negatively on them.
- It was clear that meaningful relationships had been developed between staff and the people they supported. One staff member had regularly played a musical instrument with a person who used the service. At their family's request, the staff member attended their funeral to play the instrument during the service as they knew how much it meant to the person. Another staff member told us they treated people they supported as an extension of their own family.
- There was an equality and diversity policy in place and people told us they were not discriminated against. Staff were open to people of all faiths and beliefs and supported them to meet their needs, such as supporting one person to attend a church of their choice.

Supporting people to express their views and be involved in making decisions about their care

- The service was committed to providing care that put people at the centre of everything they did. People and their relatives were actively involved in the creation of care plans and were able to decide which staff they preferred to receive support from.
- People were supported to effectively communicate their views and needs. For example, staff acted as a liaison at medical appointments for one person who had communication difficulties, to ensure their views were heard. People's views of the service were sought through regular reviews and surveys, which helped them to feel valued. Feedback received was positive.
- People were supported to access advocacy services when necessary and staff promoted these services with people.

Respecting and promoting people's privacy, dignity and independence

- Staff were provided with the time and training required to provide person-centred, compassionate support. Visit times were based on people's preferred times and were adjusted when necessary to meet their changing needs.
- People told us they felt their dignity and privacy were protected by staff when they were supporting them. One person told us, "I always feel comfortable with [staff]. It is important to have someone you can trust." Staff told us people's dignity and privacy were essential and always considered when support was provided. They always ensured care was delivered in private, curtains were closed, and people had towels to cover them.
- Records containing people's private information were stored securely to ensure confidentiality. Staff were provided with information about the importance of keeping people's personal information secure.
- People were supported to maintain their independence. This was reflected in care plan guidance and staff were aware of the importance of this.

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People had an individualised plan of care, created with them and based on an assessment of their needs and preferences. Care plans were reviewed regularly, and people and their families were involved in these reviews to ensure care remained effective.
- Care files included information regarding people's life history and the service had worked hard to find out what people had done in the past, what they enjoyed, and whether the service could support people to pursue their interests. For example, staff discovered one person used to enjoy playing the piano but had not for many years. Staff supported them to attend an event where they played the piano and staff now regularly encouraged them to play in their own home. They had rediscovered a passion which they enjoyed and this impacted on their emotional wellbeing in a positive way.
- The registered managers understood the benefits of continuity of care and this was experienced by all people using the service. One person told us how important it was to them to be supported by staff they knew and who knew how they wanted and needed to be supported with a sensitive aspect of personal care. They told us the service achieved this and they always knew the staff who visited them.
- The service was creative and innovative in supporting people to live well. One registered manager told us they aimed to break the taboos associated with ageing and dementia and held regular events to provide people with information and advice on how to stay happy and healthy in older age. They also worked with local businesses and held events such as a cupcake day at a local florist, to raise awareness and funds for charities relevant to people's needs. A 'Dementia Walk' had been planned by an organisation and several staff were attending this and supporting people who used the service to also attend. This would not only raise funds, but support people to socialise, exercise and prevent isolation, improving people's wellbeing.
- Staff had received equality and diversity training to help influence the quality of service provided to people and help ensure people were not discriminated against. Support was flexible in order to work with people and meet their changing needs.
- Staff were responsive and perceptive to people's changing needs. For instance, we were told about a situation when a person had received a phone call trying to deceive them into handing over a large sum of money. This caused them some distress and anxiety. The staff member intervened and spoke with the caller and reassured the person, so they did not hand over any money. The registered managers recognised this as a potential risk to others and organised 'Scam' sessions and information leaflets, to help protect others.

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 service worked hard to support people to continue their interests and enhance people's wellbeing.

People were supported to maintain relationships that were important to them. For example, one person was supported to travel to meet up with their family, which they would have been unable to do alone. Another person was supported to attend a family members wedding.

- Staff were matched to the people they supported based on shared interests and preferences and they developed individual and creative ways to engage with people. For example, one person had enjoyed cycling and they were matched with a staff member who also enjoyed this. The staff member arranged a tandem cycle they could ride together, enabling the person to continue their hobby. One person spoke several languages and enjoyed having the opportunity to speak them. The service allocated staff to support them who were also able to speak different languages, to enable them to fulfil their passions.
- The service took a key role in the community. They had set up a community event called 'Café Memoire' in a local centre. This provided people in the local community with the opportunity to socialise and reduce isolation. It was set up to help meet the needs of people living with dementia and staff regularly supported people to attend sessions there.

Meeting people's communication needs

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.

- People's care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand.
- A variety of tools were used to help ensure people understood information provided to them. For instance, invoices were regularly provided to people in large print or braille if they required this.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew they could call the office at any time if they had any issues and that they would be listened to.
- There was a complaints policy in place and details of how to make complaints was included in people's care files.
- The registered manager maintained a log of complaints received. This showed that any complaints received were investigated and responded to. The service sought advice from a human resources company to ensure any complaints involving staff were managed appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection but had done previously. The registered managers told us they had worked closely with health professionals during these times to ensure people received a comfortable, dignified and pain-free death.
- Staff had received end of life training to help ensure they could support people, and their families effectively.
- Review forms had been developed to encourage discussions with people about their wishes and preferences regarding 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 good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Staff were incredibly motivated and proud of the service they worked for. One staff member told us, "I would really recommend the company." Staff felt well supported and encouraged to go the extra mile to ensure outstanding care was delivered to people. Many examples were provided, of staff going above and beyond to support people in ways that improved their everyday lives and general wellbeing.
- The provider had an employee assistance programme available to all staff. This offered support and advice about work and personal issues. The provider was committed to supporting staff and they were regularly rewarded for outstanding practice. The provider aimed to retain staff with the required attributes to ensure the continued provision of high-quality care.
- The provider had recently completed training in wellbeing, to enable them to deliver this to staff and support them to stay well.
- During the inspection, the registered managers and all other staff spoke in ways that reflected their commitment to a high quality, inclusive and person-centred service. This had resulted in positive outcomes for people using the service.
- People using the service and relatives spoke about their involvement in developing their individual plans of care and people were empowered to tailor their support package to meet their personal needs.
- Without exception, feedback regarding the quality of service provided was positive.

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 had been no recent occasions when the service had to act on its duty of candour. It was however clear, that openness and honesty were always expected of staff.
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors.
- Accidents, incidents and complaints were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers were clear about their role and the responsibilities this entailed.
- A range of policies and procedures were in place to help guide staff in their roles. Staff files contained job descriptions to help ensure accountability and all staff were aware of their responsibilities.

- Staff received regular feedback on their performance in a clear way, which encouraged improvement and promotion of best practice.
- The registered managers were fully aware of events and incidents that needed to be notified to CQC. There had however, not been any reportable incidents since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was continually looking for innovative ways to further build links within the community, establishing effective relationships and being a role model for other organisations and sharing best practices. A Community Liaison role had been created and recently appointed to, to help further establish these links. The service was responsible for the successful development of a community project, 'Café Memoire'. This provided local people living with dementia and their families, the opportunity to socialise, reduce isolation and receive advice and support. Examples were provided of how this café had improved the lives of people staff had supported to attend.
- Systems were in place to engage with people and gather their feedback regarding the service. This included regular care reviews, as well as an annual survey. People told us they could contact the office at any time if they had any concerns and were always listened to. Staff feedback was also sought through regular meetings. These gave staff the opportunity to share their views and receives updates regarding the service and any developments in best practice.
- The provider regularly met with other franchise owners to share updates and best practice, to help develop and improve their services.
- The provider and registered managers worked with other professionals involved in people's care, to achieve good outcomes for them.
- The registered managers worked in conjunction with external professionals to improve services for people and raise public awareness. For instance, the provider had recently given a talk to a group of GP's on best practice dementia care, which would help improve the care of local people living with dementia.

Continuous learning and improving care

- The provider and managers were continually striving to improve the service provided to people and build upon the high quality already provided.
- Lessons learnt from incidents and accidents were shared with staff to improve practice.
- The provider had developed robust systems to effectively assess and monitor the quality and safety of the service. These checks covered a variety of areas and we saw that when actions were identified, they were addressed in a timely way to improve that aspect of the service.
- The provider was also one of the two registered managers. They played a pivotal role in the daily running of the service and had constant oversight of all aspects of the service.
- Regular updates were received from the national office, providing updates on new developments in community care and best practice dementia care.