

Kent Social Care Professionals Limited

Kent Social Care Professionals Trading As Bexley SCP

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced responsive inspection of this service on 21 and 22 September 2016. This inspection was carried out after we raised concerns in relation to late and missed calls.

At our previous comprehensive inspection on 07 December 2015, we found breaches of regulations because the provider did not take steps to ensure records were clear and up to date and complete. Records did not always provide clear information and guidance for staff on how to support people to meet their needs. At this inspection we saw that the provider had addressed these issues. However we found other issues of concern.

Kent Social Care Professionals Ltd – Bexley SCP is a domiciliary care agency that provides care and support for people living independently in the London Borough of Bexley and the surrounding areas. At the time of this inspection 148 people were using the service.

The registered manager had resigned from the service in July 2016, meaning a registered manager was not in post at the time of our inspection, but they did remain on our register. Following the inspection we were notified that a new manager had taken up the appointment of manager and they were going to apply to be the registered manager for the service. A registered manager was not in place at the service between July and September 2016. 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.

At this inspection we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice in respect of a breach found of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because adequate systems were not in place to monitor the quality and safety of the service provided. The service failed to effectively operate the Electronic Call Monitoring (ECM) system and carry out internal audits to monitor the quality and safety of the service and identify shortfalls.

Medicine records showed that Medicine Administration Records (MAR) were not always completed to demonstrate that medicines had been administered. One person who had been using the service for over six weeks did not have a care plan in place to ensure the service was meeting their needs. These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

Complaints were not handled in line with the provider's complaints policy. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

There were enough staff but they were frequently late in delivering people's care. People told us they felt safe. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

Staff training was up to date. Staff received supervision, appraisals and training appropriate to meet people's needs and enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and compassion and people's privacy and dignity was respected. Staff encouraged people to be as independent as possible.

Except for the one person who did not have a care plan in place, people were involved in their care planning and their care, support they received was personalised, and staff respected their wishes and met their needs. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Care plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis.

Peoples' care files were kept both in the person's home and in the office. People were supported to be independent where possible.

Staff said they enjoyed working for the service and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The provider took into account the views of people using the service, relatives and staff through undertaking surveys and holding regular staff meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not safe

There was no care plan in place for one person who had been using the service for over six weeks.

Medicine administration records were not always completed in full.

There were enough staff but they were frequently late to deliver people's care.

People told us they felt safe. There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good 

The service was effective

Staff training was up to date. Staff had received appropriate support through formal supervisions.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and DoLs and acted according to this legislation.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good 

The service was caring.

Staff delivered care and support with compassion and consideration.

Staff respected the privacy and confidentiality of people using the service.

Staff encouraged people to be as independent as possible.

Is the service responsive?

The service was not responsive.

Complaints were not handled in line with the provider's complaints policy.

Care plans were accurate and people's preferences were correctly documented.

People's needs were reviewed on a regular basis.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Internal audits were not carried out to ensure that there was a system in place to identify any shortfalls.

The service held regular staff meetings and staff were encouraged to share their views about the service to help drive improvements.

Staff said they enjoyed working for the service and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The provider took into account the views of people using the service, relatives and staff.

Requires Improvement ●

Kent Social Care Professionals Trading As Bexley SCP

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.

Before the inspection, we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We spoke with the local authorities that commission the service to obtain their views. We also received concerns in relation to late and missed calls to people receiving personal care.

This inspection took place on 21 and 22 September 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 the registered manager would be there. The inspection team on the first day consisted of two adult social care inspectors and two experts 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. One inspector returned to the service on the second day to complete the inspection.

We spoke with 13 people who used the service, 10 relatives, four members of staff, the branch manager, the regional manager and the operations support manager. We reviewed records, including the care records of 12 people who used the service, eight staff members' recruitment files and training records. We also looked at records related to the management of the service such as quality audits, accident and incident records and policies and procedures.



Is the service safe?

Our findings

Medicines were not managed safely. Accurate records had not always been maintained where staff were responsible for administering people's medicines. We saw Medicine Administration Records (MAR) were not always completed accurately. Records we checked showed information missing from three people's MAR charts and no reasons had been recorded to explain why people's medicine had not been administered correctly. For example, one person's MAR chart for July 2016 had not been signed on 15 occasions to demonstrate that medicines had been administered.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We raised this with the manager and the senior management team at the time of inspection. The senior management team had identified these issues and they had already put in place an action plan. We found that the service had introduced new MAR charts that included a section where regular weekly, fortnightly or monthly medicine audits would be carried out dependent on the level of risk. The service had also trained senior carers as medication officers and at the time of the inspection were conducting medicine audits to ensure MAR charts were completed in full. Managers told us that medication competency spot checks had also commenced. However, we were unable to monitor this practice at the time of this inspection but we will check on the provider's progress at our next inspection.

Care and treatment was not always delivered in a safe way because care staff were late for calls to provide care to people. There were enough staff scheduled to meet people's needs but they were frequently late in delivering people's care. People we spoke to told us that staff did not always stay the scheduled amount of time and rushed calls. One person we spoke with told us "You never know when they are going to turn up.....no one tells you that they are going to be late. It's very stressful for me and for my [relative] as they like to know that I'm safe whilst they are at work". Another person told us "The weekends are the worst; you don't know who is coming or what time they are coming. I don't blame the [staff] – it's the office". A relative told us "Carers do not turn up on time, weekends are the worst, timing is not brilliant and they do not ring back. It is supposed to be a half hour morning slot and [staff] stay usually quarter of an hour....they are in and out quick as can be." This meant that the provider was not meeting people's planned care needs.

This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breaches at the back of the full version of the report.

We raised this issue with the manager and the senior management team. The senior management team had identified these issues and they had put in place an action plan to review why staff were not attending calls when people required them and for the scheduled amount of time. However, we were unable to monitor this practice at the time of this inspection but will check on this at our next inspection.

People told us they felt safe and comfortable with their care workers. One person told us "I do feel safe, very

happy." Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. All staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff knew who they should report any safeguarding concerns to. The provider said that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

We saw the service had a system in place to manage accidents and incidents; however people using the service had not been involved in any accidents or incidents since our last inspection.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for mobility, nutrition, skin integrity and fire environment. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. For example, fire risk assessments identified whether or not people had smoke alarms in place and if they did not have them the service would support people to obtain them.

Staff we spoke with told us they had enough time to get to calls; there was only an issue if there was traffic. There was an out of hours on call system in place run by the service to help maintain continuity at weekends and during the night. Staff and people we spoke to told us that overall there was a prompt response from the senior staff member on call if they rang for any advice or support. One staff member told us if that if they were on call and a staff member rang to say they were running late they would always call the person using the service and let them know.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. We checked staff files, which contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity reviewed and criminal record checks undertaken for each staff member. The provider had also made checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and records confirmed that they had received training on first aid and fire safety.

Is the service effective?

Our findings

A person we spoke with told us, "[Staff] know what's needed when they come and it's great, I don't have to worry about telling them what to do. Another person said "[Staff] have good knowledge of [relative's] care needs.

Staff training records confirmed staff had completed an induction when they started work at the service. One staff member we spoke with told us, "[The service] is good with up to date refresher training, we get it quite often." Staff told us they were up to date with their mandatory training, which included safeguarding, medicines management, first aid, food and hygiene and mental capacity. Records we looked at confirmed this.

We saw that the service supported staff through regular formal supervisions in line with the provider's policy. During supervision sessions, staff discussed a range of topics including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care, although the service had not discussed late calls with staff as this issue had not been identified at the point of supervision meetings. We saw annual appraisals had been conducted where staff had completed a full year in service. People we spoke with told us that staff were competent and knew what they were doing. One relative told us, "Carers have the right skills to support [my relative]."

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

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected and records confirmed staff had undertaken mental capacity training. The manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005. From our discussions with staff and management, we found they understood the need to gain consent from people when

planning and delivering care. For example, a member of staff told us "I ask people if they require help and always explain what I am going to do."

People were supported to eat and drink sufficient amounts to meet their needs. Their care files included assessments of their dietary needs and preferences. One person we spoke with said, "I choose what I want to eat and they just microwave it for me" and another person said, "Carers make me breakfast and always ask what I want".

Records showed that people had access to a range of healthcare professionals to help them to maintain good health, this included GPs and district nurses when required. For example, one staff member liaised with a district nurse when they noticed something was not right with one person's specific medical equipment. The district nurse attended and the GP was consulted and the person was diagnosed and treated for an infection.

Is the service caring?

Our findings

People told us that the service was caring. One person we spoke with told us "Carers are caring. ... I cannot do anything for myself." Another person said, "Very caring... it's a breath of fresh air when [staff] come in caring, respectful and supportive. [Staff] will go out of their way to do things."

People and their relatives told us that they had good relationships with the staff who cared for them. One person told us "I am very lucky, carers are kind, efficient and respectful, they get me out on the patio and ensure my walking frame is beside me when I want to come inside." One relative told us "Carers listen to me and meet [my relative's] needs; they show compassion by their tone of voice."

We saw from people's care files that they and their relatives had been consulted about their care and support needs. Staff were able to talk about some of the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways for example, some people had certain routines they followed such as the time they got up or went to bed. Information about people's faith and cultural needs was recorded in people's care plans. One staff member told us "I know what people's preferences are, for one person... I record the activities they do and follow the information in their care plans. I'm supporting them in how to cook, clean and make sure their hygiene is good."

Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy and confidentiality. For example, they told us they knocked on people's bedroom doors before entering and kept bedroom doors closed when they were supporting people. One person told us "[Staff] are caring; treat me with dignity and respect and privacy, definitely." One staff member told us "We make sure the curtains are closed, the person is covered up. I would be polite and reassure them."

People were provided with appropriate information about the service in the form of a service user guide. This guide outlined the standard of care to expect and the services offered. We saw that the service identified people's needs in relation to disability, race, religion, sexual orientation and support was offered to meet people's needs if required. For example, one person attended a place of worship of a regular basis; although they did not need support to attend should they need it then the service would provide this support.

People were supported in promoting their independence. Staff told us they would encourage people to do as much as they could for themselves but helped when people wanted or needed help. For example, care plans we looked at showed the level of independence people had and what support staff gave them. One relative we spoke with told us "Just last week my [relative] managed to hold a beaker by himself and the carers were as delighted and excited as I was".

Is the service responsive?

Our findings

At our last inspection on 7 December 2015 we found that some people's care files were not always well organised, easy to read and complete. In addition, they did not always accurately reflect people's current needs and it was not easy for staff to identify people's capabilities or the support they required.

At this inspection, we found improvements had been made and that care files were well organised and easy to read. They reflected people's needs and provided guidance for staff on how to meet people's needs.

The service had a complaints handling process, but improvements were needed, as it was not effective. The service kept a complaints folder, however we saw that three complaints had not been investigated in line with the provider's complaints policy. For example, a complaint had been received from the local authority that a person using the service had experienced missed calls and that their evening call on one occasion had been received late at 11pm at night. The service failed to respond to questions submitted by the local authority or investigate the complaint in line with its complaints policy.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we told the provider to take in relation to the above breach at the back of the full version of the report.

We raised this with the manager and the senior management team who assured us that all complaints received would be investigated in line with the service's complaints policy in the future. However, we were unable to monitor this practice at the time of this inspection but will check on this at our next inspection. People we spoke with said they knew about the agencies complaints procedure and they would follow the procedure if they needed to. Information on how to make a complaint was available to people in the service user guide that was kept in their homes. One person told us "If I had a complaint I would talk to the office."

Assessments of people's needs and risks were conducted when people joined the service. The manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken to ensure the service could meet their needs.

Care files included individual support plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. Care plans gave specific information regarding people's medical conditions, care needs and what type of support was needed. For example, support to wash, dress or prepare meals. Care plans were regularly reviewed and updated. Staff said they looked at care plans when they attended calls to ensure there were no changes. One staff member we spoke with told us "If we noticed a change in need we would ring the office to come and reassess." Daily records provided clear documentation of the care delivered and how each person presented during that visit. This ensured that accurate information was available to care workers so that they could meet the needs of the people they supported.

People's preferences were known and acted upon. Staff were knowledgeable about the people they supported, for example the times people preferred to get up or go to bed. People's personal likes, dislikes and preferences were recorded in the care plans, such as favourite foods and drinks. One staff member told us "Yes I check with [people] what they would like to do and how they want things done for them". Agreement to all plans had been obtained either from the person who was receiving care or their representative. One relative told us "I am involved with plan and review meetings". Another told us "A care plan is in place, there are yearly reviews, I am always involved."



Is the service well-led?

Our findings

The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service and improvement was needed.

The service failed to effectively operate the Electronic Call Monitoring (ECM) system and carry out internal audits to monitor the quality and safety of the service and identify shortfalls. The provider failed to identify calls that were late, early and shortened. The service did not take appropriate actions to investigate why carers had not arrived and stayed for the scheduled times.

The ECM system was not utilised to establish the reasons why care staff had not attended calls at the scheduled time in order to learn from the problem and actions to mitigate the risk of missed or late calls reoccurring had not been taken. For example, on the first day of our inspection we saw an alert which appeared on the ECM system to inform office staff that one member of care staff was over four hours late for a call. When the alert appeared, staff and the manager did not respond to it, until the alert was raised by one of the inspection team. The call related to a person who was due a call at 06.15 am; however, the staff member did not attend the call until 11.05am.

We found that there were no notes recorded on the ECM system to explain why the person had not received their call at the scheduled time. We raised this with the manager and office staff who were unable to give an immediate response as to why the call was late. The staff member had not been contacted by either the manager or office staff when the alert regarding the late call arose. This meant that the service did not operate an effective system to monitor risks to people who use the service.

The last internal audit covering the overall service was undertaken in March 2016. This included medicines, training, and complaints. However, in this inspection we found that appropriate action had not been taken to minimise the risks that were identified in these audits and improve the quality of the service. No further audits had been carried out at the service since March 2016 and this meant that action could not be taken to identify any risks to people's health and safety and improve the quality and safety of the service where necessary.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager had resigned from the service in July 2016, meaning a registered manager was not in post at the time of our inspection, but did they remain on our register. There was a period that the service did not have a manager in place and there was a lack of consistency in the quality of care provided.

Staff told us, and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings confirmed discussions took place around areas such as arriving on time for care calls, completion of MAR charts, safeguarding and health and safety. This meant that learning and best practice was shared in order for staff to understand what was expected of them at all levels.

We also found that the service had carried out a recent resident and relative survey to obtain feedback on the service being provided. We saw that feedback from the surveys for 2016 had been analysed. One question asked was 'Are you told if your care worker is running late', 39% of people said that they were 'Never' contacted by the service. The senior management told us that an action plan was presently being compiled by head office to improve communication between staff and people using the service.

Staff told us they were happy working in the service and said that the manager was supportive and they operated an open door policy. One person said "I love working there, I enjoy working for the company" and another person told us "I think the manager is great, deals with all problems hands on". Staff told us there was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely and accurate records were not always kept where people were administered medicines.</p> <p>Care and treatment was not always delivered in a safe way because care staff were late for calls to provide care to people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The complaints handling process was not always effective, as the provider did not always respond appropriately to concerns raised.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service and improvement was needed.</p>

The enforcement action we took:

Warning Notice issued