

Special Seven Limited

# Special Seven Care (Beds)

## Inspection report

Suite 7D, Britannia Business Centre  
Leagrave Road  
Luton  
Bedfordshire  
LU3 1RJ

Tel: 01582343455

Date of inspection visit:  
20 February 2017  
21 February 2017

Date of publication:  
24 March 2017

## 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

This inspection took place on 20 and 21 February 2017 and was announced.

This was the first comprehensive inspection carried out at Special Seven Care (Beds).

Special Seven Care (Beds) is a domiciliary care service providing personal care and support services for people living in their own homes. At the time of our inspection they were providing a service to 46 people.

The service has a registered manager in post, who is also the provider. A registered manager is a person who has registered with the CQC 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 that they felt safe. Staff had received training with regards to safeguarding people and understood their responsibilities. There were systems in place to safeguard people from the risk of possible harm.

Risk assessments in place were personalised and gave guidance to staff on how individual risks to people could be minimised. Any incidents or accidents that occurred were reported promptly and action taken to prevent reoccurrence.

Staffing levels were sufficient to meet the needs of people and safe recruitment practices were followed. People received care from a consistent group of care workers and there was an effective system to manage the rotas and schedule people's care visits.

Systems were in place to ensure that people's medicines were administered and managed safely. Regular audits were completed and staff member's administration practices monitored by senior staff.

Staff received a comprehensive induction when they commenced employment at the service and ongoing training was completed. Staff were competent in their roles and were supported by way of spot checks and supervisions. These were consistently completed for all staff and used to improve and give feedback on performance.

Staff sought people's consent before providing any care and support and involved people in decision making in relation their care. Where required, people were supported with their meals and in accessing health care services.

People were supported by staff who were helpful, kind and caring. Positive relationships had developed between people and staff. Care was provided with respect and in a way which maintained people's dignity.

People's needs had been assessed and they had been involved in planning their care. Each person had a detailed care plan which included personal information, their preferences and the outcomes they wished to achieve from receiving the service. People's care plans were reflective of their current needs and had been updated on a regular basis.

People knew how to raise a complaint. The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

There was a clear management structure at the service and people, their relatives and staff spoke positively about the leadership at the service. There was an open culture and senior members of staff were approachable.

Feedback on the service provided was encouraged and action had been taken to address any issues raised within audit processes and feedback received, with a view to continuously improve the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us that they felt safe.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

There was sufficient staff to meet people's needs. The provider had robust recruitment processes in place.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received a comprehensive induction and ongoing training to ensure they had the skills and knowledge to provide the care and support required by people.

People were involved in decision making in relation to their care and were asked to give consent to the care and support they received.

People were supported to access the services of health care professionals.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were helpful, kind and caring.

Staff were aware of people's preferences and knew the people to whom they provided care.

Staff protected people's privacy and dignity and treated them with respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had an effective system to manage complaints.

### **Is the service well-led?**

The service was well-led.

The service had a registered manager who was actively involved in the running of the service.

There was an open culture at the service. Staff told us they felt supported and that management were approachable.

People were encouraged to give feedback on the service provided and this was used to monitor the quality of the service provided.

**Good** ●

# Special Seven Care (Beds)

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 and 21 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day of the inspection, and that records would be accessible.

The inspection was undertaken by one inspector.

Prior to this inspection we checked the information we held about the service and the provider and saw that no recent concerns had been raised. We reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with four people and three relatives of people who used the service. We also spoke with five care workers, the care coordinator and the registered manager.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, reviewed the staff duty rota and care call scheduling systems and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality assurance, in order to review how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

People told us that they felt safe. One person told us, "I have no worries or concerns. I feel very safe with the girls." Another person told us, "I feel safe. All the carers are very good." A relative also told us, "I feel very reassured by the service. I have real confidence in them."

Staff told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I've completed the safeguarding training and would ring the office straight away." Another member of staff told us, "We always have someone available to report any problems or concerns to. We can always make contact with [Name of registered manager] or [Name of care coordinator]." This meant that people were supported by knowledgeable staff who understood the processes for safeguarding people from harm.

We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available to staff. This included guidance for staff on how to report concerns and the contact details for local agencies. The registered manager demonstrated a clear knowledge of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required. This was confirmed by the records checked.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home. This included assessments of possible risks from the premises, access requirements, and security, equipment and infection control hazards.

Personalised risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. One relative told us, "[Name of relative] has been part of the risk assessment process and in doing so feels secure and cared for." Assessments included risks in relation to specific health issues and well-being, medicines, nutrition, personal care and mobility. The risk assessments seen had been reviewed regularly to ensure that they reflected people's current needs and took account of any changes.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner and where required, people's care plans and risk assessments were updated to reflect any changes needed.

There were sufficient numbers of staff employed by the service to provide the required care and support for people. The people that we spoke with told us that they had consistent members of staff who completed their care calls and that they assisted them with all the tasks required. One person told us, "I have a usual carer for both my morning and lunch time calls." Another person told us, "I have a group of different carers but I know them all." A relative told us, "The consistency had built confidence between [Name of relative] and the carers."

Staff also told us that they thought there was sufficient staff to provide the care required. One member of staff told us, "I go to my usual clients and everything runs smoothly." Another member of staff told us, "We work with the same clients on a rota basis so that there is a group of us [members of care staff] who knows the client." We saw that there was an effective system to manage the rotas and schedule people's care visits with sufficient travel time and breaks included for the care workers on duty. The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service.

There were robust recruitment procedures in place. We reviewed the recruitment files for four staff and found the provider had an effective procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. This procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

Systems were in place to manage people's medicines safely. One member of staff told us, "The training here is very good and you can only provide the support with medication once you are trained. The spot check includes checking our methods when supporting a client with their medication." The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff that had been trained and assessed as competent to do so.

A review of the daily records and MAR showed that staff were recording when medicines had been given. Where issues with medicines had been identified by staff they had been reported and appropriate action taken. We found that audits were completed to check the accuracy of the administration and documentation of all medicines.



# Is the service effective?

## Our findings

People and their relatives told us that staff were knowledgeable and trained. One person told us, "My carers are all very good and know exactly how to help me." Another person told us, "They are all very good. I know I can ask for their help with anything and they can do it." A relative said, "I am confident in the abilities of the staff. They demonstrate on a daily basis that they are trained and skilled."

The provider had an induction programme which all new staff were required to complete when they commenced employment with the service. Staff told us that they completed five days of mandatory training courses followed by a period of shadowing another member of staff. One member of staff said, "The induction was very good training and, even as an experience carer, I had to do all of it to refresh myself." Another member of staff told us, "We have all done the five days of training. We all start the same then we shadow someone to watch and learn the care."

Staff also told us that they kept up to date through regular training. One member of staff told us, "The training we get is very good. I have done all the courses I need to and will start refresher courses soon." Another member of staff told us, "We get all the training we need and there are online courses and information available to us." Staff training records showed that staff had completed the required training identified by the agency and further courses were planned to develop their skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

Staff received supervision on a regular basis. They told us that they had regular contact with senior staff via supervision meetings and received additional support through spot checks. All of the staff we spoke with expressed they could speak to the registered manager or a senior member of staff if they needed support. One member of staff told us, "We are very well supported. I have regular supervision to see how I'm getting on and to ask me if there needs to be any changes." Another member of staff told us, "We get regular supervision and support. [Name of registered manager] is really helpful and supportive to us all." We saw evidence of these meetings in the records we looked at and that they were used as opportunities to discuss wellbeing, performance, training and any other support measures that the member of staff required.

Senior staff undertook spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These 'spot checks' included an evaluation of the members of staff's performance, attitude and timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

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.

Staff told us that they had received training on the requirements of the MCA and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "My carer always checks with me that I am ready and happy to start or ask my permission before doing a chore like the dishes." We saw that consent forms were present in people's care records which they or a relative had signed on their behalf.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals by the care staff, where they needed help. One person told us, "My carer always makes me a quick meal or a sandwich." Another person told us, "They are very helpful with my meals and help me decide what to have and prepare it for me." Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One relative told us, "They will always let me know if they think [Name of relative] is unwell or needs the doctors." A member of staff told us, "I know my clients and can tell if they are not well. I phone the office and tell relatives if needed." We also noted from the care records that people had accessed other health care professionals, such as occupational therapists or community mental health services, either during their assessment or when required in managing an ongoing health concern.

## Is the service caring?

### Our findings

People told us that staff were helpful, kind and caring. One person said, "I find the carers all very helpful. My main carer is wonderful." Another person told us, "They are all very good. I feel lucky to have them." A relative told us, "I find the carers all to be thoughtful, helpful and kind."

Staff spoke positively about working at the service and the relationships that they had developed with people. One member of staff told us, "I enjoy meeting new people and building that relationship with them and their families." Another member of staff said, "You get to know each other. Me and the client, it's about working together."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's history and background and used this information to build relationships with people.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I find the service very good. They are all very helpful with everything I have asked them to help me with as is explained in my folder." A relative expressed how the staff were flexible to their relatives needs during their visits and would always try to accommodate any additional requests or tasks. They told us, "All the carers are accommodating and help with tidying etcetera. They keep it spotless and safe for [Name of relative]." One member of staff said, "We try to be as helpful as possible and do extra tasks when we can. I always ask check with clients they are happy that I have met their needs before I leave."

People confirmed that they had copies of their care plans in their homes and knew what they were for. Staff we spoke with explained the files held in people's homes which included a range of information that had been included for use by people and the members of staff providing care. This included details of people's care needs, information about the service, the complaints procedure and emergency protocols.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at five care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content.

People told us that staff were respectful and treated them with privacy and dignity. One person said, "It's a gold star service in my opinion. Absolutely caring and respectful." A relative said, "The respect and trust that has built between [Name of relative] and staff has been crucial to the success of the relationships that have developed." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. One member of staff said, "The respect we show to our clients and that personal touch is key to our service."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, safe storage data, keeping key-safe numbers confidential and the safe transporting of records.

## Is the service responsive?

### Our findings

People confirmed that they were involved in planning their care. One person said, "My social worker did one assessment and then they (Registered Manager) came to talk to me about arranging the service." A relative told us, "From day one, [Registered Manager] has involved [Name of relative] and myself in all aspects of the care [they] receives."

People and their relatives told us how a member of staff from the service visited them to complete an assessment prior to them receiving a service. The registered manager told us that comprehensive assessments were completed prior to a care package being provided to a person. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan. A copy of the care plan was held in the office and at the person's home.

People's care plans were comprehensive. One member of staff told us, "The care plans are a good point to start to get to know people and what outcomes they want from us and the service." Another member of staff told us, "The care plans introduce us to someone and then, through regular contact, we get to know more about them." Staff told us that they were kept informed of changes in people's needs by telephone calls from the office, team messages or by reading updated care plans. Staff confirmed they would call or visit the office to ask for clarification if they were unclear about anything written in people's care plans.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. One person told us, "I have my folder with information and who I need to speak to." Another person told us, "I've no complaints but I'd go straight to [Registered Manager]." A copy of the complaints procedure was kept within the file in their homes and was issued to people when they began using the service.

There was an effective system for managing complaints. We saw that where complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through telephone interviews, at review meetings and during spot checks. The registered manager explained how calls from the office and visits to people were made by senior staff to ensure that they were happy with the service they received and be given an opportunity to provide feedback.

The service had yet to complete an annual questionnaire however, the registered manager planned to complete one in the coming months. The registered manager explained how the results from any survey would be used to form an action plan and would contribute to the overall improvement and development of the service.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection who was also the provider. Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the running of the service.

The registered manager was supported by a care coordinator, finance personnel and administration staff. The registered manager explained to us that they were introducing a senior member of care staff position in the coming weeks and this was to provide additional support in the completion of supervisions and spot checks for staff and the out of hours on call system. Staff told us that they were clear of the management structure of the service and understood their roles and responsibilities.

People and staff felt the registered manager and office staff were available if they had any concerns and felt well supported. One person told us, "Everyone is very helpful in the office, no matter who I talk to." A relative told us, "The communication between the office and the staff is excellent. They always let me know of any problems and are in regular contact." A member of staff said, "It's a really good company to work for. The support we get is very good." Another member of staff said, "I'm very happy. I have regular contact with the office and never feel alone."

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally in supervision and informally through discussions on the phone, via messages or in person when they visited the office. The registered manager told us that regular whole team meetings were difficult to hold due to the commitments to the people receiving a service. However staff told us the service had an open culture and they were encouraged to discuss their work and any concerns via a number of methods. Regular messages were sent to all staff employed by the service to give them information on news within the team, information regarding people and the training and support available to them. Information was also available to support staff through an online learning forum.

There was a system for monitoring the service provided to people which included audits of care records such as care plans, risk assessments and daily visit records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of medicine administration records (MAR). We saw that regular feedback was sought from people and staff and the registered manager used this to evaluate the effectiveness of the service and the level of satisfaction of both people and staff. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.