

Senior Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was announced and took place on the 10 & 18 November 2016. The service had not previously been inspected.

Senior Care Services Ltd provides personal care and support to people living in their own home, in and around the Liverpool area. At the time of the inspection there were 40 people receiving a regulated activity from the registered provider.

There was a registered manager in post within the service who had been registered with the CQC since August 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.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable people and knew how to report any concerns they may have. The registered provider had a safeguarding policy in place which staff were familiar with.

Risk assessments were in place to ensure that people were protected from harm. These outlined the risks presented by people's needs and provided information for staff on what they should do to maintain people's wellbeing. There had been no accidents and incidents over the past 12 months; however, the registered manager told us that they would respond appropriately to these and act to prevent them reoccurring again in the future.

People told us they had received their medicines as prescribed. Staff had received training in the safe administration of medicines and medication administration records (MARs) were being signed to show that these had been given as required. This helped ensure people's health and wellbeing was maintained.

People's rights and liberties were protected. Staff had completed training in the Mental Capacity Act 2005 (MCA). People confirmed that staff offered them choice and control over their care, and commented that they promoted their independence.

People were protected from the risk of malnutrition. Care records contained relevant information about people's dietary requirements. Staff demonstrated a good awareness of people needs in relation to their diet and people confirmed that staff provided them with the correct level of support.

Staff treated people with kindness and worked to ensure that their dignity and respect was maintained. People told us that they had developed positive relationships with staff, commenting that they consistently received support from the same staff. People told us that they were able to have a laugh with staff and enjoyed their company.

People's care records provided up-to-date, accurate and relevant information about their care needs. These were personalised and provided staff with the information they needed to ensure they provided the correct level of support to people. People confirmed that staff had a good understanding of their needs and provided the support they needed.

The registered provider had a complaints process in place which people were aware of. People told us that they would feel comfortable raising their concerns with the registered manager. At the time of the inspection the registered provider had not received any complaints. The registered provider had received a number of compliments, and a recent survey showed that people were happy with the service.

The registered provider had good links with the local community. They had delivered training about dementia to other adult social care services and GP practices in the local area. They had also taken part in setting up a 'dementia café' at the local church which aimed to support people living with dementia and their relatives.

The registered provider is required by law to notify us of specific events which occur within the service. Our records showed that this had been done appropriately. This meant that the registered provider was acting in accordance with the law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse by staff who had received training in this area.

Risk assessments were in place to minimise the risk of people coming to harm.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had completed training in the Mental Capacity Act 2005 and knew the importance of promoting people's choice and control.

Staff were aware of people's dietary needs and people confirmed they received the support they needed during meal times.

People were supported to access health professionals where required.

Is the service caring?

Good ●

The service was caring.

People told us that they had developed positive relationships with staff, and told us that they were kind and caring in their approach.

People were treated with dignity and respect by staff.

People's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

Staff had access to clear information regarding people's care and support needs. People confirmed that staff delivered care that

was appropriate to meet their needs.

The service contributed to protecting people from being socially isolated.

There was a complaints process in place which people told us they were feel comfortable using if they needed to.

Is the service well-led?

The service was well led.

Staff received recognition for their good work which helped to develop a positive atmosphere amongst staff.

The registered provider had sought the views of people using the service. These showed that people were happy with the service being provided.

The registered provider had contributed to the local community, and had engaged positively with other organisations in the area.

Good ●

Senior Care Services Limited

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 the 10 and 18 November 2016 and was announced. The registered provider was given a short period of notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information.

Before the inspection we contacted the local authority who did not raise any concerns with us about the service.

During the inspection we spoke with three people who used the service and people's relatives. We looked at the care records for four people. We spoke to four staff, the registered manager and the registered provider. We looked at the recruitment records for three members of staff. We also looked at other records around the day-to-day management of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "They always turn up on time" and "Yes, I feel safe". One person told us that the registered manager had helped them to get and install a key safe so that staff could come in and out of their home more easily, whilst ensuring their home remained secure. One person's family member commented, "I feel so comfortable with the way they support [my relative]. They're so gentle" and "I feel as though I can leave the room, or go out knowing they're being well looked after". Prior to the inspection we sent questionnaires to people using the service and their relatives. All the feedback returned showed that people felt safe.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable people, and were aware of the signs and indicators that may indicate abuse is taking place. The registered provider had a safeguarding policy in place which outlined what staff should do if they had any safeguarding concerns. The registered provider also had a whistleblowing policy in place which staff were aware of. Whistleblowing is where staff can raise any concerns inside or outside the organisation without fear of reprisals. Staff demonstrated an awareness of this policy and knew how to report their concerns should they have any.

There were robust recruitment processes in place to ensure people's safety was maintained. We looked at the recruitment records for three people. Staff had been required to provide two references, one of which was from their most recent employer. In one example the member of staff had provided two personal references due to a gap in employment. This gap had been explored during the interview process. We discussed with the registered provider and registered manager about introducing a risk assessment for situations where staff were unable to provide a reference from a previous employer. We were told that this would be introduced.

Recruitment processes included a check by the disclosure and barring service (DBS). This informs employers about whether prospective staff have a criminal record, and helps them to make decisions about their suitability for the role. Staff did not commence employment until after their DBS check had been completed.

There were sufficient numbers of staff in place to meet people's needs. People commented that staff were usually on time and that they did not miss any calls. They also told us that they felt staff did not appear rushed and had the time to spend with them. Staffing rotas showed that staffing levels were consistent.

Risk assessments had been carried out around the risks associated with people's needs, and were clearly contained within their care records. These included moving and handling risks, as well as risks associated with people's behaviour and nutritional needs. Where risks were identified information was provided to care staff regarding what they should do to mitigate these risks. This helped ensure that people's safety was maintained.

There had been no accidents and incidents over the past 12 months. The registered manager told us that any incidents that did arise would be recorded on an incident form, and follow up action would be taken to

prevent the issue from occurring again. This would help ensure that people were protected from the risk of harm.

People confirmed that staff supported them to take their medicines appropriately. We identified where one person's care record stated that their family would support them with some medicines, however we noted that staff had been consistently signing to say they had been doing these. We raised this with the registered manager and this was altered.

Training records showed that staff had completed training in the safe administration of medication, and competency checks had been carried out. Staff completed medication review records (MARs) as appropriate which showed that medicines had been given as required.

Is the service effective?

Our findings

People commented that staff were skilled and good at their jobs. Their comments included, "They seem to know what they're doing" and, "I get all the support I need from staff". One person's relative commented, "They are cracking carers. They've cared for their own families so they have the right kind of experience". Through our discussions with staff and the review of recruitment records it showed that staff all had previous experience of working in care.

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. In community settings the deprivations require authorisation by the Court of Protection (CoP) to ensure that they are lawful. At the time of the inspection there was no one subject to an authorisation by the CoP; however, the registered manager demonstrated a good understanding of the process they would need to go through.

The registered provider had a policy on the MCA which outlined their expectations of staff, and their commitment to ensuring the principles of the MCA were adhered to. Staff had completed training in the MCA and the majority of them were aware of their roles and responsibilities in relation to the Act. Where staff did not have a good understanding of the Act, they did understand that they were required to offer people choice and control over their own care needs. The registered manager told us that a refresher session would be held in the next team meeting.

People told us that staff offered them choice and control over their care needs. We observed one staff member offering a person a drink, and asking permission before offering any support. Where people had given legal authority to someone else in the event that they lost the capacity to make decisions, this information was documented in people's care records. This helped ensure that the registered provider was complying with the law.

Staff had received the training they needed to carry out their roles effectively. This included training in moving and handling, food hygiene, first aid and infection control. Staff had also been supported to achieve nationally recognised qualifications in health and social care. One member of staff commented that they had felt supported to develop their skills and to work their way up in the organisation.

There was an induction process in place for new staff which included training, and shadowing experienced members of staff. Staff told us that they had felt supported when they first started with the service. They had been linked to a mentor who was able to offer them advice and support. Prior to being able to provide care without mentor support, new staff were observed to ensure that they demonstrated good practice. This

ensured that new staff had the required skills and knowledge.

The registered manager had a supervision tracker in place to ensure that staff received supervision and appraisals on a regular basis. Supervision offered staff the opportunity to discuss any concerns or development needs with the registered manager. It also helped ensure that staff remained accountable for their actions, which could be discussed, and where required objectives set.

People's care records contained information about their dietary needs. Staff were aware of people's needs and people and their relatives told us that staff provided the appropriate level of support. One person's family member commented positively on how staff supported their relative during meal times, telling us, "They feed [my relative] so gently".

Where people needed support with accessing input from health professionals, this support had been provided. For example where people had developed any pressure sores, these had been referred to the district nurses to support. This helped ensure that people health and well-being was maintained.

Is the service caring?

Our findings

People commented that they found staff to be kind, caring and respectful towards them. Their comments included, "Yes staff are respectful" and "The girls are great, they're very kind". Prior to the inspection we sent out a questionnaire to people and their relatives. The results of this showed that all people asked felt that staff were kind and caring towards them.

Positive relationships had developed between people and the staff who supported them. One person commented that they sometimes called in at the office and the registered manager would go for a coffee with them. They told us that they enjoyed having a laugh with staff. One person's family member told us that staff "Have a great sense of humour" and that there was "Good banter" between them. People and their relatives confirmed that they received consistent support from the same staff which had helped develop good relationships.

Family members told us that staff were kind and respectful towards them. One family member told us that they felt that staff "looked out" for them and gave an example where staff had brought them some home-made mince pies. They also told us that staff left their home clean, and sometimes would do the dishes and clean the sink "so clean you can use it as a mirror". People commented that staff would stay extra time if they needed to.

People confirmed that staff were respectful whilst attending to their personal care needs. One person commented that initially they had felt very conscious whilst being supported with this, however told us that they had grown comfortable with staff. Staff gave appropriate examples around how they would maintain people's privacy and dignity, for instance ensuring that blinds were closed or that people were covered whilst having a wash.

People looked smart, clean and well-dressed. One person was wearing a bright cardigan and had a necklace and bracelets on. They were well wrapped up to stop them from becoming cold and looked comfortable. One person's family member commented, "[My relative] always looks so well looked after. They're spotless".

Staff acted to relieve and prevent any distress. In one example we saw that staff stood close by to one person who was experiencing involuntary movements. They ensured that the person was ok before going back to the tasks that they were completing. A family member told us that staff were mindful that their relative's skin was fragile and that they were careful not to cause any damage whilst supporting them.

Staff had an awareness of people's communication needs, and demonstrated effective communication. For example one person who had difficulty communicating verbally received support from regular staff who had built up a relationship with them and as a result were able to understand. The registered provider had also introduced a word board which outlined key phrases such as "I am in pain", "I would like to go out", "yes" and "no". This enabled communication in the event that someone was not able to vocalise what they wanted.

People confirmed that they were involved in their care. For example one person told us that staff did not "dictate" to them and let them do things for themselves, such as choosing their own clothes. Other people also reiterated that they felt staff knew how they liked to be supported, but were guided by them.

Information around the local advocacy service was available for people in the service user guide and the registered provider's statement of purpose. The registered manager was also aware of when it would be appropriate for an advocate to be used. Advocates provide independent support to people where decisions are being made about their care needs. They ensure that people's wishes and feelings are taken into consideration.

People's confidentiality was maintained. Staff had completed training in confidentiality and were aware of the importance of keeping people's information private. Computers were password protected which helped to ensure that any personal information was kept safe.

Is the service responsive?

Our findings

People told us that they received the care and support that they required. Their comments included, "They do everything that I need" and "The quality of the care is better than what I've had in the past". One person's relative commented, "The carers know exactly what they're doing. I feel comfortable with the support they give".

People had care records in place which clearly outlined their needs. This included information around their medical history and any mental health or physical health needs. A schedule was in place for staff outlining what tasks they needed to complete, such as helping people with their personal care needs, or preparing meals. Where people had difficulties with their mobility and required the use of equipment, the relevant information was included around this. Care records were person-centred and contained details of people's likes, dislikes and personal histories. This information helped staff get to know the people they were supporting.

People's care records were reviewed routinely on a regular basis. Where people's needs altered, these changes were reflected in their care records. Review records showed that people had been consulted during the review process, and their views around the suitability of the care taken into consideration. Where appropriate, people's relatives were also consulted with regards to the suitability of the care. This ensured that staff had access to up-to-date and relevant information about people's needs.

Staff completed daily notes that explained the support that had provided to people. This included any important information that staff on subsequent shifts needed to be aware of. For example where the person was ill, or was at risk of developing a pressure sore. These notes demonstrated that staff were providing the support that people required.

Staff demonstrated a good knowledge of the people they supported and what they needed to do to ensure their needs were met. The information provided about people's needs corresponded to the information contained within people's care records. People and their relatives confirmed that staff were familiar with their care needs and knew their preferred daily routines, like and dislikes. One person's relative commented, "For the past two years now it's been a great situation. The girls come in and know exactly what they're doing".

The service contributed towards protecting people from isolation. For example one person told us they had won an award due to charitable contributions they had made. They told us that the registered provider had paid for their travel and accommodation down to London to receive this, which they had not had to do. One person's relative told us that staff enabled them to have time to themselves because they were sure their relative was in safe hands. The registered manager also showed us that they had developed a guide for people, outlining groups and events that were available in the local area.

The registered provider had a complaints policy and process in place which people and their relatives were familiar with. People told us that they would feel confident raising their concerns with the registered

manager and felt that he would take their concerns on board. There had been no complaints over the past 12 months; however, people told us that where they raised concerns before these had been dealt with in a timely and appropriate manner.

Is the service well-led?

Our findings

The service had a manager in post that had been registered with the CQC since August 2016. People and their relatives spoke positively about him, telling us that they found him approachable. Staff also told us that they found the registered manager and registered provider to be approachable and supportive.

People commented positively on the service, describing staff as "great" and "lovely". A number of compliments had been received by the registered provider. Some of them read, "Thank you so much for all your help", "The care and kindness shown to us has been brilliant" and "Thank you for your help in my hour of need. It was so kind of you". Systems were in place to recognise and praise good practice amongst staff. For example one member of staff showed us how they had been awarded a 'silver award' for outstanding service which they were very proud of. A number of positive comments had been made around their conduct.

The registered provider had a disciplinary process in place. We saw an example where this had been appropriately used. This helped ensure that staff remained accountable for their actions, and that appropriate action was taken to maintain the quality of the service. It also helped ensure the safety of people being supported.

There were audit processes in place which helped ensure the quality of the service was being maintained. These looked at areas such as care records and medicines. The registered manager told us that if there were any accidents and incidents these would be audited to ensure appropriate action had been taken; however, at the time of the inspection there had been none. Where audit systems identified any issues, action was taken to rectify these. Care reviews also considered staff conduct, allowing people the opportunity to discuss any concerns they may have.

An annual satisfaction survey was completed by the registered provider. This was sent to people using the service, their relatives and staff. The results of this had been analysed and were presented in an easy read format, so that the information was accessible. This showed that 100 per cent of people had rated the service as 'good' or excellent, and that the majority of people would recommend the service to someone else. This allowed the registered provider to pick up on any areas that people were not happy with and address these concerns.

The registered provider had a set of visions and values in place which aimed to promote people's wellbeing, dignity and independence. People commented that they felt the provider was working in line with these values. One person told us how staff supported them to attend social events with their family, whilst another person told us that staff supported them to do as much as possible independently.

Staff meetings were held which allowed the registered manager to discuss relevant information with staff. This included information around maintaining confidentiality, training opportunities and safeguarding information. This also allowed staff to make suggestions or concerns relating to people's care needs.

The registered provider had good links with the local community. They had delivered training on the subject of dementia to other adult social care services and GP practices in the local area. They had also set up and had involvement in running a support group for people living with dementia and their relatives. This was run at the local church. The registered provider also provided hot drinks and cakes for those people who attended.

The registered provider is required by law to notify us of specific events which occur within the service. Our records showed that this had been done appropriately. This meant that the registered provider was acting in accordance with the law.