Somcare Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 13 November 2018 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm a manager would be available when we inspected. This was Somcare Agency Limited's first inspection since registering with the Care Quality Commission in January 2018.

Somecare Agency Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, some living with the experience of dementia, people with learning disabilities and people with mental health needs. Most people funded their care through direct payments. At the time of our inspection three people were using the service.

The service had a registered manager. 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.

During the inspection we found risk assessments and risk management plans were not robust and did not have clear guidance for staff to follow to minimise possible risks to people using the service.

The principles of the Mental Capacity Act (2005) were not always being followed to make sure people's rights were always protected.

Care workers were not always recording when they had supported people to take medicines and therefore we could not be sure people were receiving their medicines as prescribed.

The care plans did not record any information around people's wishes, views and thoughts about end of life care.

We did not see any accessible information for people. Care plans did not always have information on how to support people with communication. We have made a recommendation to the provider about enabling and supporting people to make or participate in making decisions about their care and treatment.

Care workers had relevant training, were able to identify the types of abuse and knew how to respond to any safeguarding concerns.

There were enough care workers employed to meet the needs of the people using the service. There were safe recruitment systems in place to ensure care workers were suitable to work with people using the service.

Care workers had access to personal protective equipment and infection control training.

When it was part of their support plan, care workers supported people to maintain a balanced diet and people's care plans included information about their health needs.

Relatives told us they were happy with the care provided. People were treated with kindness and respect and had the same care workers which provided consistency of care.

The provider had a procedure for responding to any complaints they received. People had information on how to make a complaint and knew how to if they needed to.

The service had some systems in place to monitor and improve service delivery. This included a complaints system, telephone feedback and care worker observations.

Relatives of people using the service and care workers told us the manager was accessible and responded to any concerns raised.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, consent to care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Risk assessments and management plans were not always robust to help minimise the risk of harm to people.

Care workers were not always recording when they were supporting people with medicines and therefore we could not be sure medicines were being managed safely.

Safeguarding and whistle blowing policies were up to date and staff knew how to respond to safeguarding concerns.

There was a sufficient number of care workers employed to care for people and safe recruitment procedures were followed to make sure they were suitable to work with people using the service.

The provider had an infection control policy in place and the care workers
had access to personal protective equipment.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act (2005) were not always followed.

People's care needs were assessed and their routines for how they wished to receive their care were recorded.

Care workers were supported to develop professionally through training and observations.

People's dietary requirements and healthcare needs were recorded appropriately.

Is the service caring?

Requires Improvement

The service was not always caring.

There was a lack of accessible information for people and care plans lacked communication support details.

Relatives of people using the service spoke positively about the care they received and said care workers treated people kindly and with respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care plans did not record information around people's wishes, views and thoughts about end of life care.

Care plans included people's preferences and guidance on how they would like their care delivered to meet their identified needs.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have effective audit systems in place to monitor the quality of the care provided and make improvements.

The provider promoted feedback from all stakeholders.

Relatives and care workers felt managers were accessible and said they listened to any concerns.

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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 comprehensive inspection took place on 13 November 2018 and was announced. We gave the registered manager two working days' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The inspection was conducted by one inspector.

Prior to the inspection we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding team and commissioning team and received their feedback about the service.

During the inspection we spoke with the registered manager, the nominated individual and one care worker. We viewed the care records of three people using the service, the employment files for three care workers and we looked at training records for all staff members. We also viewed the service's checks and audits to monitor the quality of the service provided to people. After the inspection visit we spoke with two relatives of people using the service and two care workers.

Requires Improvement

Is the service safe?

Our findings

During the inspection we found that although the provider had clear guidance for how to complete a risk assessment, the risk assessment was a tick box to indicate an assessment had been completed but there were no details of the actual risk and its severity and there were no risk management plans. They were not dated or signed, and the review date was 'ongoing'.

The care plan for one person noted they were at risk of falls. Under 'Areas of high risk for me', was recorded, '[Person] was diagnosed with shortness of breath and arthritis, and both of these conditions can reduce their mobility so any transfer should be supervised and supported by the care worker.' However, it did not provide guidance on when or how to transfer the person, or how to mitigate the risk of falling.

A risk assessment for falls noted, '[Person] needs assistance and support to avoid falls due to dementia and lack of her safety awareness.' The control measures were, 'Care workers must be aware of the vulnerability of [person] and take care to assist and supervise to avoid falls.' Neither the risk assessment nor the management plan was robust enough to indicate what was likely to cause the person to fall and what action would be taken to prevent it.

The provider had an up to date medicines policy for supporting people with their medicines and care workers had undertaken medicines training. At the time of the inspection care workers were supporting people with their medicines by reminding them to take their medicines. The provider's medicines policy indicated supporting people by prompting should be recorded in the daily log. We saw this was completed for one person but not for another, therefore we could not be sure medicines were being managed safely.

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

The provider had a whistleblowing policy and safeguarding policy with relevant contacts that reflected current legislation and provided guidance for care workers to help protect people from abuse. The care workers we spoke with could identify types of abuse and had completed safeguarding adult training in the last year. They told us, "Report it to the office and if the person is in danger call the emergency service", "I would tell my manager and social services" and "I call the agency if I see something or the police or social worker."

The registered manager was aware of their responsibility to raise, record and report safeguarding adult alerts to the relevant agencies including the local authority and the Care Quality Commission (CQC). At the time of the inspection they had not yet been required to raise an alert.

No incidents or accidents had been raised since the provider had been operating but we saw there were policies and paperwork in preparation for incidents including learning outcomes.

There were systems in place to ensure suitable care workers were employed to work with people using the

service. The files contained checks and records including application forms, two references, identification documents and Disclosure and Barring Service checks. This meant the provider employed care workers who were suitable to provide safe and appropriate care to people.

There were enough care workers to meet people's needs. Each person using the service had the same care worker, who arrived on time and stayed for the required length of time.

Care workers told us they used personal protective equipment (PPE) such as gloves. The provider had up to date infection control procedures and we saw care workers had completed training on this topic.

Requires Improvement

Is the service effective?

Our findings

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

The provider had consent forms for the administration of medicines, the tasks identified in the care plan, for photos and for sharing information. However, we found the provider did not have a good understanding of the requirements of the MCA as the best interests decision checklist was not decision specific and was not fully filled out. The form also referred to Deprivation of Liberty Safeguards (which only apply to care homes and hospitals) rather than Court of Protection authorisations. If the assessment indicated the person did not have capacity, the provider's response was, 'It is our opinion that a full mental capacity assessment needs to be carried out and we will inform the necessary authorities'. There was a lack of understanding that capacity assessments should be decision specific and that the provider could complete a capacity assessment and make a best interests decision for the care they were providing.

Care workers had training certificates indicating they had completed MCA training, but their understanding of the MCA was vague and they did not have a good working knowledge of its principles. However, with some prompting, they were able to tell us in practice they gave people choices. One care worker said, "There is a care plan to follow and if they can make their own decisions, that's up to them."

This was a breach of Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before they received a service, the provider assessed people's needs to ensure they could provide the support required. People using the service were funded by direct payments and if they had a support plan by the local authority, this was used to inform the provider's care plan. Care plans were not signed by people using them. The provider planned to have six monthly reviews but at the time of the inspection, they had not yet had anyone using the service for that length of time. The care plan had a section that indicated their preferred routines and how they would like to be cared for.

New care workers undertook training and shadowed more experienced care workers as part of their induction. We saw evidence of shadowing records but these were not signed by the assessor. Training certificates we saw included medicines, safeguarding adults, health and safety, food hygiene and Mental Capacity Act 2005 training. New staff members' training reflected the Care Certificate, which is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider also undertook unannounced observations of care workers in people's homes to check how care was being provided.

As none of the care workers had been with the provider for longer than three months, they had not yet had supervisions or appraisals but we saw supervisions were scheduled for January 2019.

Care workers told us they had enough time to get to their call, as they only supported one person each. The provider was planning to install an electronic system but at present were making weekly phone calls to people to ensure care workers were completing their visits as planned. One relative told us, "They arrive on time. They stay for the right amount of time. I never had a problem."

People's care plans included what support they required with eating and drinking and any dietary needs. However, these were not very detailed. For example, one person's care plan recorded, '[Person] needs to have good nutrition and eat the food prepared for as they sometimes do not eat well' but it did not indicate what good nutrition was, the person's food likes and dislikes or what to do if the person was not eating.

People's current health needs and medical histories were recorded in their support plan but as all the people using the service lived with relatives, their relatives supported them with these needs and accompanied them to any healthcare appointments.

Requires Improvement

Is the service caring?

Our findings

A care worker we spoke with told us, "With [person] he doesn't speak. I have to understand his needs through the noises he makes. I would never disregard his noises." However, there was no guidance for other ways the person might communicate, for example through signing or pictures. The provider had a Quality Policy statement that included accessible information, but we did not see any evidence of this. This impacted on people expressing their views and being actively involved in making decisions about their care.

We recommend the provider seek and implement guidance to enable and to support people to understand information so they can make or participate in making decisions about their care and treatment.

Relatives of people using the service told us, "Very good service. They are so kind", "Agency are good because they are helpful and support [person]" and "Carer is very understanding. She is friendly and kind."

Care workers we spoke with said they respected people's privacy and dignity. Comments included, "I have to treat [person] and respect her like my [own relative]" and "It is important that [person] understands I'm about to do [personal care]. Make sure [person] is clear." "I tell her what we're going to do."

The provider had guidelines for matching people who used the service with care workers. These including matching gender, personality, temperament, age, cultural, ethnic and religious, backgrounds. We saw that people using the service were matched with care workers from a similar background. This meant people were being cared for by care workers who had a good understanding of their background and who could communicate with them in their first language.

Requires Improvement

Is the service responsive?

Our findings

One relative we spoke with thought their relative had a care plan from the provider but another relative was not sure if they did. Care plans indicated people's needs but were not detailed. For example, one care plan stated about religion, 'Just respect my faith', which did not give the care worker any guidelines about how to support the person's faith. We spoke with the registered manager about demonstrating people were involved in planning their care. The registered manager told us people were involved in their care plans and that people signing the consent to care forms demonstrated this. However, they agreed that in future they would update the care plans by having people sign them to indicate they were involved in their care planning.

Care plans contained a brief history of the person using the service which included what the person liked to be called, their likes and dislikes, religion, ethnicity, languages spoken and their gender preference for a care worker. There was also information about people's past, but this was about their medical history rather than their personal or social history. Care plans noted what people could do for themselves and what they needed help with. For example,'[Person] can walk slowly with a walking aid and feed themselves when food is given'. Care plans had guidelines about people's routines and indicated how they would like to receive their care.

Care workers completed daily logs. These were mainly task orientated but indicated people were receiving care that reflected their care plans.

At the time of the inspection no one was receiving end of life care from the provider and the care plans did not contain any information around people's wishes, views and thoughts about end of life care as this had not been considered as part of the care planning process. We discussed this with the registered manager who said they would update the care plans to reflect end of life care.

The provider had a complaints policy and procedure and relatives we spoke with said they would contact the office if they had a complaint. One person said, "I have to phone the office if I have a complaint, but I don't have a complaint." Information about how to make a complaint was also included in the provider's service user guide. At the time of the inspection, the registered manager told us they had not received any complaints since they had begun to support people.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we found the provider's risk assessments and risk management plans were not always robust enough to identify and minimise risks to people using the service. The provider's and staff's understanding of the MCA was not adequate and people's end of life care wishes were not recorded. They also could not demonstrate how they had involved people or their relatives, when care plans were drawn up so these accurately reflected people's preferences, likes and dislikes. We also found there was a lack of accessible information to enable people to be included in planning their care. There were no audits to identify these discrepancies, so the provider had not identified those shortfalls and could not take action to address these and improve the care provided to people.

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

At the time of the inspection, the provider was supporting three people who had been using the service for less than four months. As the service user group was small and relatively new, the provider had not yet carried out care record audits. The same was true for the personnel records for the three care workers.

The provider was completing an audit sheet for care workers to supervise and monitor the way they cared for and supported people. This included actions to be taken to rectify any concerns raised. They also completed a weekly telephone monitoring form with people using the service, so they could use the feedback to improve service delivery.

The registered manager and nominated individual were both registered nurses employed in a hospital setting. The registered manager kept up to date with best practice through CQC and Skills for Care emails and was also undertaking a management access course.

The registered manager had an overview of the service and was aware of the needs of people using the service. They knew how to respond to safeguarding concerns and told us they would inform the relevant agencies such as the local authority and CQC and complete an internal investigation.

Relatives told us they could contact the manager if they had any concerns. Care workers told us they felt supported by the registered manager and said, "If I don't understand, I ask the manager and they help" and "I get very good support from managers. Anything I need, they help me and give me the best support they can."

The registered manager had supervisions and appraisals scheduled in for care workers and also planned to have team meetings as a way to support and develop their workforce. All the provider's policies and procedures were up to date so there was clear information for staff to follow.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not demonstrate they always acted in accordance with the Mental Capacity Act 2005. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess the risks to the health and safety of the service users and do all that is practical to mitigate any such risks. Medicines were not managed in a safe and proper manner. Regulation 12 (1) (2) (a) (b) and (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2) (a)