

Ms Jean Ann Norris

Select Care

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?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on the 25 and 27 April 2017. Select Care provides personal care to people who live in their own homes in the community. At the time of our inspection the service was supporting 36 people.

There was a registered manager in post at the time of our inspection. 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.

There were systems in place to monitor the quality of the service provided, however records were not always kept up to date and important information relating to communication with health professionals and relatives were not recorded.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People told us that they felt cared for safely in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care from staff that were compassionate, friendly and kind and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported the registered manager who was receptive to ideas and committed to providing a high standard of care.

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 in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and

preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint and were confident any issues would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems in place to monitor the quality and safety of the service required strengthening.

People and staff were confident in the registered manager. They were supported and encouraged to provide feedback about the service and it was used to drive improvement.

Select Care

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 announced inspection took place on 25 and 27 April 2017 and was undertaken by one inspector and an expert by experience. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with eight people who used the service, four relatives, two care staff and the registered manager who is also the provider.

We reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

During our inspection in May 2016 we found that people were not always protected against the risks of avoidable harm and abuse.

After the last inspection the provider submitted an action plan setting out how they would address these concerns and we found at this inspection the provider was meeting the requirements and people were protected against avoidable harm and abuse. People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People and their relatives told us they felt safe with the care staff. One person said "I am in safe hands with my carers; we do everything at my pace, I am never rushed." A relative said "[Name of relative] is in good hands with the carers, [name of relative] will soon tell me and them if she doesn't like something." Staff told us that if they had any concern they would report it straight away to a member of the management team. Staff had confidence that management would take the appropriate action. The staff were supported by an up to date safeguarding procedure and undertook regular training in relation to safeguarding.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety. For example there were risk assessments in place for where people needed help to mobilise or change position; there was detailed information as to what equipment was needed and how it should be used correctly to mitigate the risk. The registered manager reviewed the care plans regularly and staff told us that if they had any concerns the manager would visit and revise the plans and risk assessments. Where staff had raised concerns around safety appropriate action had been taken; for example when a person was becoming unable to safely sit in an arm chair, a referral to the occupational therapist was made and chair raisers were put in place.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks. There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work.

People told us that they felt there was a sufficient number of staff to meet their needs. The provider only took on new people if they had sufficient resources available to meet the care and support required. People told us that staff were usually on time and they were informed if staff were running late. One person told us "I am extremely happy with my carers; they are never late and do just what I ask them to do." A relative told us "Staff are usually on time, if they are ever late they always ring. Care staff have a large case load but they never rush [my relative]." The staff we spoke to said they felt there were enough staff and that they had the time to support the people with their personal care needs; if they needed more time they just contacted the office to let them know. We could see from the staff rota that the needs of people had been taken into account when planning the rota and consideration had been taken of the travel time between calls.

All staff wore uniforms which clearly identified them and had identification badges which assured people as to who was coming into their home. The staff were provided with additional protective clothing such as disposable aprons and gloves which protected people from any potential infections. One relative told us "The staff wear uniforms, this is very professional, you can see exactly who they are, which is good for people who may have problems with their memory."

People's medicines were safely managed. One relative said "The staff are good with [my relative's] tablets, she always has them when she is supposed to; no concerns at all." Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on a regular basis. The staff told us if they had any concerns or questions they spoke to the registered manager who responded promptly. The registered manager told us that they monitored the administration of medicines closely; records showed that audits were undertaken and advice sought from the pharmacist.

Is the service effective?

Our findings

During our inspection in May 2016 we found that the registered manager and staff were not always aware of their responsibilities under the MCA Code of Practice.

After the last inspection the provider submitted an action plan setting out how they would address these concerns and we found at this inspection the provider was meeting the requirements and the registered manager and staff aware of their responsibilities under the MCA Code of Practice.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been assessed as lacking the capacity to give their consent the service ensured that appropriate steps would be taken to legally identify someone to act in their best interests. At the time of our inspection the majority people using the service were able to give their consent and were actively involved in their care plan; where it had been identified that someone lacked capacity appropriate actions had been taken.

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. One person told us "I think they [staff] are trained enough and know what to do." A relative told us "Any new carer always comes with a more experienced one who shows them what to do; we never have anyone who does not know what they are doing."

The staff spoke positively of the support and training they had been given. One member of staff said "I have completed lots of training; and if we have a client with a specific condition the district nurse will also provide us with training." All new staff undertook a thorough induction programme which included classroom based training in manual handling, health and safety and safeguarding. Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone.

Staff told us they felt well supported and valued in their roles. We saw from staff records that all staff received supervision and on-going support. Staff confirmed that supervision included discussions about their performance and identified further training staff could benefit from. Staff were encouraged to develop their knowledge and understanding and to undertake further qualifications. The registered manager regularly worked alongside staff which gave them the insight into any potential difficulties staff faced and how to overcome them.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person needed with regards to eating or drinking and their likes and dislikes. When people were identified as at risk of not drinking or eating enough, fluid and food monitoring charts were in place and

closely monitored to ensure the person was eating and drinking enough.

People's healthcare needs were carefully monitored. People and staff told us that everyone had access to arrange of health professionals, including the District Nurse, palliative nurse, GP and occupational therapist, however records of these visits and referrals were not always documented. We brought this to the provider's attention who was able to show us through the staff weekly e-mail that other health professionals had been contacted and the provider was taking steps to ensure these were documented in peoples case file to provide an audit trail. Most people told us that they or their family arranged appointments with health professionals as and when needed. One relative told us "They [staff] communicate with us really well about how [my relative] is; [my relative] hasn't been of good health lately but the staff team have been great."

Is the service caring?

Our findings

People were supported by staff that they described as warm, friendly and kind; always willing to help people in any way they could. One person said "They are lovely, I feel totally at ease with them." Another said "They could not be better; they never leave without checking if I need anything else." A relative told us "I have the upmost faith in everyone looking after [my relative], they are all absolutely fantastic."

We saw from records and from what people and staff told us that the provider was committed to providing people with the same care staff who had been able to get to know people well. One person told us "I always have the same few carers' and if one of them is on holiday [the registered manager] will come and see to me; they are so good like that."

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a good rapport between staff, the person receiving care, and their relatives. Discussions with staff during the inspection showed that they had a good understanding about individual's care and support needs.

Care plans detailed people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes; staff respected their dignity when caring for them and never spoke about other people they were supporting. Staff were able to describe what they did to respect people's privacy and dignity; they spoke about keeping people covered up as much as possible when washing them, ensuring the area personal care was being undertaken was not overlooked and asking people how they liked things to be done, explaining continually what they were doing. One person told us "The staff are all respectful; they have got to know me well and we share some jokes and it helps when they are supporting me to get washed; lovely girls [care staff]."

People were able to express their wishes and were involved with their care plans. People told us that the staff supported them in their preferred way which was set out in the care plan. One person said "They always ask me if I need anything else." Staff told us they tried to keep people as independent as possible and assisted them with care and support rather than doing it for them if they were able. We saw that people's care plans were written in a way to assist people to remain independent..

There was information available for people about advocacy services. The managers told us that they were aware of an advocacy service, who they would seek advice from or encouraged people to contact if they needed an advocate.

Is the service responsive?

Our findings

The registered manager completed assessments of people's care needs before they received a personal care service. The assessment involved relatives and other health professionals who may be involved in the person's life. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop an individual care plan for people. If the service was unable to meet those requirements then the service was not offered. This ensured that people's needs were consistently and effectively met.

The care plans contained information about people's life history, their likes and dislikes, the important people in their lives and any hobbies they had. They detailed the specific needs of people and in what way and when they wanted support. All of the care staff we spoke with confirmed that the care plans contained enough detail to enable them to support people in the way in which they preferred. People's care plans were regularly updated and reviewed and people and their relatives told us they had involvement in their care plan.

Detailed daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. The registered manager also sent out weekly e-mails to the staff informing them of any changes to people care. This not only ensured consistency in the care being provided but also helped when staff had identified someone's health was deteriorating.

None of the people we spoke to had needed to raise a complaint about the service but said that if they needed to they would ring the office. A relative told us "I can't ever imagine I would need to raise a complaint; but I know [the registered manager] would contact me straight away; everything is always dealt with promptly." There was information available to people about how to make a complaint and an up to date policy in place to support the process.

Is the service well-led?

Our findings

At our last inspection in May 2016 the systems in place for monitoring the quality of the service delivery were not always used effectively.

After the last inspection the provider submitted an action plan setting out how they would address these concerns and we found at this inspection the provider had made some improvements; however there was still a risk that effective monitoring of the service was not completed in a timely manner. For example, Medication Administration Records (MAR) charts were taken back to the office for auditing; however the provider was three months behind completing these audits which could result in an error not being addressed in a timely manner. A satisfaction survey had been completed by people who used the service and their relatives and although the manager had read the responses there were some minor actions that needed addressing which had not yet been addressed for five months. A large amount of family used text messages to communicate with the provider, important information relating to the health and well-being of the people using the services had not been transferred from the text message to the persons' care plan.

We spoke with the registered manager about the concerns raised and they acknowledged that this was an area that required improvement and the concerns would be addressed. We were reassured by talking to people and their relatives and care staff that all issues were addressed in a timely manner but there was a lack of a robust audit trail to ensure effective monitoring of the service.

Everyone we spoke with was full of praise about Select Care and the management of it; all the people and relatives that we spoke to reported a high level of satisfaction with the service. People benefited from receiving care from a team of people who were committed to providing the best possible care and support they could, which was consistent and could be relied upon. One relative said "We have a fantastic team of people supporting [my relative] it makes all the difference and gives me peace of mind."

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met. The registered manager strived to provide people with the care and support they needed to live their lives as they chose and they were committed to providing well trained and motivated staff.

Staff felt listened to and were in regular contact with the management. All staff told us how responsive and supportive the registered manager was; that they always returned any calls from staff and encouraged them to ask for advice and support if they were unsure of how to respond to a situation.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

