

S & M Healthcare Ltd

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Inspection report

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Tel: 01953882331

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service in March 2016. After that inspection we received concerns in relation to the provider's recruitment and induction practices of staff. As a result, we undertook a focused inspection on 1 August 2017 to look into those concerns. We visited the provider's office on this date.

During our conversations with staff after this initial visit, some raised concerns about staffing levels. Therefore we decided to gain feedback from people and relatives via the telephone on 7 August 2017 about staffing levels at the service.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for S&M Healthcare Ltd on our website at www.cqc.org.uk.

S & M Healthcare Ltd is a service that provides care to people in their own homes. At the time of the inspection, 26 people were receiving care that is regulated by the Care Quality Commission.

There was a registered manager working at the service. 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.

We found one breach of legal requirements during this inspection. This was due to the provider not having robust systems and processes in place to ensure that staff were of good character and competent before allowing them to provide support to people in their own homes. You can see what action we told the provider to take at the back of the full version of the report.

We have also judged that improvements were required in relation to staffing levels to ensure there are consistently enough staff to cover all of the required care visits and to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Not all of the required checks had been conducted to ensure staff were of good character and competent before they provided care to people.

There had not always been enough staff to cover care visits although people told us they had not been adversely affected by this. New staff had recently been recruited to the service to address this issue.

Requires Improvement ●

S & M Healthcare

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 checked 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 focused inspection took place in response to concerns we had received since the last comprehensive inspection in March 2016.

A visit to the provider's office took place on 1 August 2017 and this was announced. They were given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in when we visited. This was followed by us contacting people and relatives for feedback by telephone on 7 August 2017.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included any emails we had received from the general public. We also looked at notifications the provider had sent us. Providers are required to send us details of certain events by law. Information was sought from the local authority quality assurance team and the local clinical commissioning group for West Norfolk.

During the visit to the provider's office we spoke with one member of staff and the registered manager. We looked at two people's care records and four staff recruitment and training records. After this visit we spoke with four additional staff, five people using the service and five relatives via telephone.

Is the service safe?

Our findings

At the last comprehensive inspection of this service we rated safe as Good. Following this focussed inspection we have rated safe as Requires Improvement.

Before this inspection, we received concerns that staff had not been subject to the appropriate checks before being allowed to support people in their own homes. At this inspection, we found these concerns were substantiated. Staff had not been subject to robust checks to ensure they were of good character and suitable to work in care services. Staff skills and abilities had not been checked properly to ensure they could support people safely.

All of the staff recruitment files we looked at showed the registered manager had checked staff identification to ensure this was in order. However, they had not made other checks required by law.

For example, the registered manager had not sought references from one staff member's previous employer to enable them to assess the staff member's reasons for leaving their last role. Also, gaps in previous employment had not been explored for three of the four staff whose files we looked at. This was despite the application form staff had completed when applying for their role, stating they needed to do this. There was a record of the interview that had taken place for three of the staff but not for the fourth. We spoke with the registered manager about this who could not explain these omissions.

Records showed that after their interview, new staff accompanied a staff member currently working for the service on a shift. Although this record was called a 'shadow' shift, it showed that the new staff member had also been engaged in providing people with care. We saw that this had been done before all checks on the new staff's character had been received such as references or a Disclosure and Barring Service Check (DBS). (A DBS informs a provider whether a potential staff member has any criminal convictions or is barred from working within the care sector.) Three of the staff we spoke with confirmed this and told us they had been engaged in providing care before all of the necessary checks had been received by the registered manager.

All of the staff we spoke with told us that on their shadow shift they were observed providing care. Two of the staff said this had only taken place on one day and for a total duration of an hour. Another staff member said they had spent half a day shadowing and having their practical skills assessed. However, from our discussions with staff we found that not all of the skills they required to perform their role safely had been assessed before they had been allowed to work with people on their own. For example, how to use a hoist safely had not been assessed. One staff member told us they were currently assisting a person to change their stoma bag. They said they felt confident doing this as they had received training with their previous employers, but confirmed their competence to do this safely had not been assessed by the registered manager.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we asked the registered manager to review their recruitment processes as a matter of urgency. They told us they had reviewed all staff working with people and confirmed they had the relevant checks in place. They said they had amended their recruitment practices to assure themselves that staff were of good character before they sent them into people's homes.

During this inspection, some staff told us they had not been able to visit some people in their homes due to a lack of staff. We therefore contacted some people and relatives to ascertain whether they had experienced any missed calls and if so, how this had affected them. We found that most people were happy with the level of care they received. However, improvements were required to ensure that there were consistently enough staff to cover all care visits when required.

Eight of the ten people and relatives we spoke with told us they had not experienced missed calls. They felt there were enough staff to meet their or their family member's needs. One person told us, "They turn up on time and have never missed me. They come at 10am and leave at 11am. They will do anything for me." A relative said, "The carer is very punctual - almost to the minute. [Family member] has never been missed. I have no complaints." However, one person told us, "Some come when they are supposed to and others miss me. I had a phone call once to say the carer would be late." A relative said, "We were missed once about two weeks ago as our regular carer was on holiday." Neither of these people said the fact a call was missed had adversely impacted on them. Some people also said the staff were sometimes late attending their calls but again did not say this adversely affected them.

We spoke with the registered manager about missed calls. They told us and records showed, that on occasion staff had not been able to cover some calls. They said this had been due to a number of staff leaving a particular geographical area all at the same time without giving sufficient notice. Some of these calls had been covered by staff working in other areas and from the office, but they said it had not been possible to cover all of the calls. The registered manager assured us that, where they could not cover a call, either a family member or another carer such as a live-in carer was in attendance. They also said that office staff had regularly called these people via the telephone to ensure they were safe.

The registered manager confirmed they had recently recruited a number of new staff who were currently going through their training and induction. They were confident that, once these staff had been trained, all care visits would be covered appropriately. They had also introduced a new electronic system into the service to help them monitor staff attendance and to alert them if there were any issues. This was so they could take timely action to ensure people received their care visits when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The required checks had not taken place to ensure that staff were of good character or had the competence, skills and experience to perform their role before they were allowed to work with people independently. (1), (a) (b), (2) and (3).</p>