

Mrs Ann Mills

S10 Homecare

Inspection report

Wymingbrook Farm
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South Yorkshire
S10 4QX

Tel: 07869607771

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

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Our inspection was discussed and arranged with the registered manager two days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

The general view was that this service was very good. People felt the service benefitted from being a small company and this meant support was, "More personal."

People told us they were, "Extremely happy" with the service. We were told the care workers were "Nice", "Really kind" and "Very reliable."

People told us where necessary they were supported by staff to take their medicines. Staff had a good understanding of the procedures for the safe administration of medicines but had not completed formalised training in this. During the inspection the registered manager arranged for all staff, including herself to complete a recognised medicines training course the following week.

Staff had completed some training which helped them to carry out their role. However some essential training had not been provided to staff before they were allowed to provide care and support to people.

Staff were provided with informal support and were able to speak with the registered manager at any time. However there was no planned programme of staff supervision and appraisal.

People told us that they tended to have the same care worker and they had built up a relationship with them. They also said all expected tasks were completed and they felt staff, "Genuinely cared" about them.

S10 Homecare respected the right to confidentiality for people who used the service. How they made sure people's confidentiality was kept was described in the 'Service user guide.'

We found there were enough staff to make sure people received the care they had requested and at the agreed times. People told us care workers were generally on time and if they were likely to be late for any

reason, they would phone to let the person know.

People were aware of the complaints procedure but had not used this as they were happy with the service they were provided with.

Documentation which related to the management of the service required improvement. For example, audits of medicines and spot checks of staff were not recorded in writing to evidence they had been completed.

We were told the registered manager was, "Very good" and "Responsive." People told us if they called the office the phones were answered quickly.

Everyone we spoke with told us they would recommend this service to a friend or relative.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulation 18: Staffing and regulation 17: 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?

Good ●

The service was safe.

Medicines were administered safely to people. Staff had been booked to attend formalised training in medicine administration.

Staff were aware of whistleblowing and safeguarding procedures. People told us they felt safe whilst receiving care and support from their care workers.

A thorough recruitment procedure was in operation.

Is the service effective?

Requires Improvement ●

The service was not effective in some areas.

Staff were not appropriately trained and supervised to provide care and support to people who used the service.

People were asked for their consent before care and support was provided.

People were confident they would receive their visits at the agreed times.

Is the service caring?

Good ●

The service was caring.

People who used the service were very fond of the care worker's and looked forward to the time they spent with them providing care and support.

Staff were skilled in making sure people's privacy and dignity was maintained.

Making sure the confidentiality of people who used the service was kept was important to staff.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them being provided with a service.

Care provided to people was person centred and tailored to meet their specific care requirements.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Is the service well-led?

The service was not well led in some areas.

There was a lack of formalised and recorded audit processes.

The registered manager was well thought of by people who used the service, their relatives and staff.

People who used the service and their relatives were asked their opinions of the service and said they felt, "Listened to."

Requires Improvement 

S10 Homecare

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.

We undertook an announced inspection of S10 Homecare Domiciliary Care Agency (DCA) on 21 September 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us.

This was the services first inspection since they registered in April 2014.

At the time of this inspection the agency was supporting 21 people who wished to retain their independence and continue living in their own home. People who used the service were paying privately for the service.

The inspection team consisted of two adult care inspectors 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.

Thirteen people who used the services provided by S10 Homecare, who had previously agreed to be contacted by telephone to discuss their experiences, were telephoned between 11 and 12 September 2016 by the expert by experience.

On the 21 September 2016 the two adult care inspectors visited three people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with one

relative who was living with the person who used the service.

On 21 September we also visited the agency office and spoke with the registered manager, and three members of the care team. We also reviewed the records for three people who used the service, three staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

Everyone told us they felt very safe with their care workers and that staff knew what they were doing and were kind and respectful. Their comments included, "They look after me really well. They are all wonderful and I feel very safe with them," "I feel safe with them. I have the same group of people and they are all excellent and they know what I like," "I want to be as independent as I can be but it is good to know they are coming in just in case I need help or I don't feel very well. They let my family know in that case," "They do make sure the front door is secure when they leave" and "If a new person is coming then they always shadow one of the carers that I know already and they are introduced to me and told about what I need and anything I don't like, which I think is really good as I never have a stranger knocking on the door."

Staff spoken with told us they had followed an in-house training session with the registered manager about safeguarding adults. Formal safeguarding training, provided by the local authority, had been scheduled for staff to complete over the following six months. Staff had a good understanding of their responsibilities for safeguarding people. They could explain what their responsibilities were and what they must do if they suspected someone was at risk of harm or abuse.

The service had a policy and procedure for safeguarding and whistleblowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff told us they were able to report any concerns to the registered manager and they were confident they would be listened to and taken seriously.

In each person's home there was a care plan which included completed risk assessments giving details of any potential risk to the person and how this risk could be minimised or eliminated. For example, one person we visited was at risk of falls. The risk assessment described the risk and what measures were already in place to control the risk. The assessment then assessed the likelihood of harm occurring, how the person would be affected and considered any additional control measures to be implemented to reduce the risk rating. We saw risk assessments were reviewed every six months or when changes occurred.

As people were being cared for at home there were also risk assessments detailing environmental concerns which could potentially put the person or staff member at risk. For example cooking appliances and access to the property.

Some people were provided with support to take their medicines. The registered manager told us staff had completed an internal medicine training course which had been recommended by the local authority. This training had been provided by the registered manager, which meant staff had not received medicine administration training from a trained trainer or person with a medicines qualification, for example a pharmacist. We recommended the registered manager sought medicine administration training from a recognised training provider. This was actioned immediately and training for all staff including the registered manager was arranged for the following week.

We looked at Medication Administration Record (MAR) sheets at people's homes and asked them about the

support they received. We found MAR sheets were signed by staff when they administered medicines to people. If a medicine wasn't given staff recorded the reason for this by using a code. One person told us, "They [care workers] always give me [medicines] at the right time and they make sure I've swallowed them." Some people described having creams applied to their feet and legs and we saw this was also recorded on a MAR sheet. Everyone said that staff washed their hands and wore gloves before touching them. We saw gloves and aprons available for use in people's homes.

There was the registered manager, one senior care worker and five care workers working at the service. They were providing care and support to 21 people. The level of care provided differed for each person from one visit each day up to four visits per day. There were sufficient staff to ensure people's needs were met in accordance with their plan of care.

We looked at three staff personnel files. We found staff had been employed following the completion of a thorough recruitment process. Staff had completed application forms, undertaken interviews with the registered manager and provided proof of their ID. People had provided their full employment history and references had been obtained from at least two people, which included one from the person's last employer. We saw all staff had completed a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

The registered manager informed us that at the time of this inspection, no people were being supported with shopping which meant staff were not handling money.

Is the service effective?

Our findings

The service had a policy and procedure for staff supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The supervision policy seen had been 'bought in' and was very generic. It did not clearly state how often staff should be expected to receive formal one to one supervision or appraisal. The registered manager told us she had started to provide staff supervisions at the end of 2015 but had not continued with these during 2016. The registered manager also told us staff had not been provided with any appraisals. Staff spoken with told us they felt well supported by the registered manager and they regularly met with her and other staff for support and advice. None of this was recorded or could be evidenced.

We looked at the staff training matrix and found some staff had not received mandatory training in some subjects. The registered manager had provided all staff with internal training in mandatory subjects. The registered manager was not a qualified 'train the trainer' which meant the training provided might not be at the appropriate level for staff to learn and benefit from. The registered manager had also applied for staff to attend training sessions with the local authority but because these courses were in high demand it meant staff were working with people prior to completing essential training in such things as safeguarding, medicines and moving and handling. During the inspection training for staff in medicines was arranged for the following week. The registered manager confirmed that no people currently using the service were being assisted with moving and handling. She also confirmed the service would not provide any new care packages to people with moving and handling needs until all staff had completed the required training.

This meant staff were not receiving appropriate training, supervision and appraisal to fulfil the requirements of their role and make sure competence was maintained. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

We saw one newly employed member of staff had completed a full induction programme and was working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers. New staff were also rostered the work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence. New staff were not allowed to work on their own unsupervised until they had been assessed as competent by the registered manager.

One person told us they thought staff were well trained and knew what they are doing. They said, "I think the staff are really well trained in the care they deliver. They support me when I am having a shower, even though I can manage quite well by myself, it is so reassuring to know they are there."

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty,

the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff were provided with basic training in MCA and DoLS and had an understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from S10 Homecare. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon.

People told us they received visits at times which suited them and in line with what they had requested. Log books seen in people's homes confirmed that staff attended visits at the agreed times and stayed until they were satisfied the person's needs had been met. One person said, "I don't know how long they're supposed to be here but I think they stay about half an hour. It doesn't matter to me as long as they do what I need them to do." Another person said, "I know exactly when they're coming. I can't complain at all."

People told us they had access to health professionals and visits from care workers did not hinder or restrict these. One person told us, "They maintain contact with my daughter as well so she knows how I am and doesn't have to worry about me."

Some people were supported to maintain their health by staff preparing a meal and ensuring they had regular drinks. One person told us, "I try to do as much as I can for myself. I have ready meals and soups and they [care workers] will turn on the microwave for me because I sometimes forget how it works. I like cold meats and salad for my tea and they lay things out on the plate to make it look appetising. They don't just 'throw' food together." Another person said, "I have carers for six days because I go out on the other day and they come at dinner time. It's to make sure that I have a proper meal." Another person told us, "I think I've put on some weight since they've been coming because they will sit and chat to me while I have my lunch which I really enjoy. There's nothing more miserable than eating on your own and I enjoy the company." Another person said, "I'm very happy. I try to do as much for myself as I can and the carers who come understand that. I can make my own cup of tea. I just need somebody to help me warm up my meals because I can't work the microwave."

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us, "Yes. There's always someone at the end of the phone if needed," "I don't hesitate to call them if there's something I need and they're always polite and helpful" and "There's never been a problem speaking to someone. I can just tell the care worker and they pass the message on, always, they don't forget."

Is the service caring?

Our findings

People who used the service and their relatives spoke very positively about the way staff from S10 Homecare supported and cared for them. They told us the care worker's were "Kind" and "Compassionate." and that staff were "Respectful" and "Polite" and observed their rights and dignity.

People's comments included, "I'm very happy. I tell them [care workers] what I need and they ask me as well. I like [named care worker] very much. I am very fond of her. I like a bit of fun and she has a good sense of humour. She teases me and I tease her back and we always end up laughing," "Overall I'm very happy. They [care worker's] come when they should and do what they need to do. They are all good people," "It's faultless. I think it helps that it's such a small company. It makes it all more personal somehow. You don't feel as though you're just a number," "One of the best things is the staff always have a smile, they are fabulous" and "I'm very happy with the service. They were recommended to me by somebody else who has them and I've been well pleased with everything they do for me."

One relative told us, "I have no criticism of S10 Homecare staff. My partner loves them. They are all polite and respectful and I think we are very lucky to have them, they have changed things for us. The staff are so patient and I am a great admirer of them. I would recommend them without hesitation."

Staff spoken with told us ways in which they provided care to people whilst ensuring they maintained their privacy and dignity. They told us about the importance of trying to make sure people remained as independent as possible and continued to make decisions for themselves. One relative told us, "They [care workers] can always manage to shower [name]. They have a way that [name] responds to. They do it in her time and in her way and allow her to do what she can herself."

Staff told us the importance of making sure confidentiality was kept. This was particularly important because of the service being so small which meant some people who used the service were neighbours or friends. One care worker told us, "We never speak about other people, even when we're asked. We have to be diplomatic and careful in what we say."

The service user guide provided information to people about how the staff at S10 Homecare would respect their right to confidentiality. For example by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

Staff spoken with told us they enjoyed working for S10 Homecare and gained a lot of job satisfaction from their role. Their comments included, "I thoroughly love working here. It's the best job I've had and I feel I'm doing a really good job" and "It's a very rewarding job and I'm working with great people and caring for lovely people. What more could I ask from a job."

Is the service responsive?

Our findings

People told us they were able to make their own decisions and that their preferences were taken into consideration. One person told us, "They [care workers] will do anything I ask them to do. They've taken me shopping if I need to go and they are very thoughtful. If they notice that something is missing in the cupboard, sugar for example, they let me know and ask if I want any fetching. Nothing is too much trouble for them. Another person said, "They [care workers] do everything I want. I told them that I didn't want a man coming to shower me, although the man who comes is lovely and I'm more than happy for him to do other things for me. They were very understanding and they make sure only the ladies come when it's my shower days." Another person said, "If I don't feel like getting showered then they don't insist. I like that I can make my own decisions."

One relative told us, "[Care workers name] is remarkable. They sometimes sit and read poetry to [person who uses the service]. They are so reliable and stay as long as they need to, to make sure things are done."

S10 Homecare provided a personalised service to people. People told us there was a lot of continuity of staff and they knew all the staff, "Really well." The registered manager told us that although people had regular care workers who attended most of their visits all staff were familiar with all people who used the service. This was so they could be easily called upon to cover a visit if they were needed. As the service was so small this was easily manageable. People who used the service benefitted from having their own regular care worker and also knowing the other care workers, which meant someone they didn't know would never turn up to provide care for them.

In each person's home there was a care plan that was compiled following an initial assessment of the persons needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Updates and reviews of care plans were completed, by the registered manager, either every six months or sooner if a persons needs changed. One person told us, "The manager did an assessment of my needs at the beginning. I don't need regular reviews because if anything changes I let them know and they will come and talk to me straight away. If it's only a little change then they just get on with it."

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record and added their ID number. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit. One person said, "It's astonishing what my care worker can do in half an hour." Another person said, "They [care worker] wouldn't leave me until they've done all I require."

People told us they had received information about the complaints procedure and what to do but said they were happy and felt the service was good.

The 'Service user guide' provided details to people who used the service and their relatives about the complaints procedure. A complaints form was also available in each person's care file, which people were

told they could use if they did not want to talk about their concerns to the care worker or registered manager. People were informed they would receive a written acknowledgement of their complaint within five working days of receipt and then given an update every seven working days until a suitable resolution had been made.

Since the start of the service in 2014 there had only been one concern received. This had been investigated by the registered manager, who had visited the person and resolved the concern. We saw the service had numerous written and verbal complimentary feedback from people and their relatives.

Is the service well-led?

Our findings

The registered manager was very knowledgeable about people who used the service. She knew each person and could talk in detail about their care and support needs. The registered manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. However most of this was not recorded but carried out in an informal way. For example the registered manager would go out and visit people who used the service and at these visits she would carry out a spot check of staff, audit medicines and update care plans but not record this. Although there were systems in place to check if people's needs were being met and the service was operating safely there was no written evidence of this. This showed us quality assurance systems were not robust and required improvement to ensure risks were identified and quickly rectified.

Although staff told us they felt well supported by the registered manager we found there were few resources offered for staff development. The registered manager had not provided staff with adequate training, supervision and appraisal.

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

The registered manager at the service was also the registered provider and had been in post since the service was registered in 2014. People who used the service, their relatives and staff all said they had respect for the registered manager and were confident she had the skills to manage the service. Their comments included, "The manager is great, very supportive and available," "If you phone through and speak to the manager she is very helpful and she is always accessible and "I wouldn't hesitate to call her if I needed to discuss anything."

Staff told us they received support and advice from the registered manager via phone calls, texts and staff meetings. Staff felt the registered manager was available at any time if they had any concerns. The registered manager told us staff meetings were usually held each month, although there had been a break from these due to staff being on holiday during the summer months. Staff attended the meetings voluntary and were not paid for their time whilst attending the meetings.

The registered manager and senior care worker operated an on-call system to enable staff to seek advice in an emergency. Either the registered manager or the senior care worker was available to answer calls from staff during the hours that people were being provided with care and support. This was from morning until evening, as no visits were carried out throughout the night.

Each April the registered manager sent out quality questionnaire's to people who used the service and their relatives. A summary of the information received from people had been completed by the registered manager. We saw in April 2016, 25 questionnaire's had been sent out to people who used the service and 18 returned. Twenty five questionnaire's had been sent to relatives and 22 were returned. The results were that people and their relatives felt very positive about the service and said complementary things about the staff.

Following the feedback the registered manager had contacted two relatives, who had raised minor points about the service and action had been taken to rectify their concerns. This showed the service listened to people and took on board their comments and feedback.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 and evidence we gathered prior to the inspection confirmed this

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 17 HSCA RA Regulations 2014 Good governance There was no established system in place to make sure the service was assessed and monitored.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving appropriate training, supervision and appraisal to fulfil the requirements of their role and make sure competence was maintained.