SummerCare Limited

SummerCare-Head Office

Inspection report

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13 October 2016

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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

The inspection was announced and took place on the 11, 12 and 13 October 2016. Summercare Head office is a domiciliary care agency who provide personal care, domestic support and companionship to people in their own home as well as to people living in supported accommodation. At the time of our inspection 148 people were receiving home care support and 24 people were living in supported accommodation.

The service has 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.

Risk assessments had not been developed for all areas of identified risk. Care plans were not detailed and did not describe people's preferences for care. Suitable arrangements were needed to ensure that staff received regular formal supervision and an annual appraisal of their overall performance. Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required as they had not highlighted the areas of concern we had identified.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff supported people with their medication as required.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs. People were supported with their nutrition and hydration needs.

People told us staff were kind and caring. People were supported with activities which interested them. People and their representatives knew how to make a complaint; complaints had been resolved efficiently and quickly.

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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 consistently safe

Risks were not suitably managed or mitigated so as to ensure people's safety and wellbeing.

Staff were knowledgeable about protecting people from harm and abuse.

There were robust recruitment procedures in place to ensure people received their support from staff who had been recruited safely.

People's medicines were managed so they received them safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were required to ensure that all staffs received regular formal supervision and an annual appraisal.

Staff received an induction when they came to work at the service and on-going training to fulfil their role.

Staff had received training and had a good understanding of the Mental Capacity Act (2005).

People were supported to have sufficient to eat and drink.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's preferences for care were not always followed.

People stated that staff treated them with care and kindness.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not sufficiently detailed to include all of a person's care needs and the care and support to be delivered by staff.

People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required as they had not highlighted the areas of concern we had identified.

Quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to drive improvement.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

SummerCare-Head Office

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 11, 12 and 13 October 2016 and was an announced inspection. We gave the service 24 hours' notice of the inspection to ensure management was available to assist us with the inspection. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service; this included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A 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 visited three people in their own home and three people living in supported accommodation. In addition we rang 14 people and spoke with eight people and one relative. We spoke with the registered manager, the compliance manager, three supported scheme managers, two advocates and two care workers.

We reviewed a range of documents and records including 15 people's care files, five staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Requires Improvement

Is the service safe?

Our findings

The provider was unable to demonstrate that appropriate arrangements were in place to manage risks to people's safety. When people were first referred to the service a senior member of staff known as an advocate would meet with them to assess their care needs. We found risk assessment documentation used to guide this was very basic, relying on the member of staff's observation skills and knowledge of risk awareness. For example, rooms and functions were listed for staff to tick such as bathroom, kitchen and mobility. A tick would indicate there was a risk in this area, and the member of staff would then write what the risk was. One person's risk assessment had identified their mobility as medium risk; steps to reduce this risk were 'has walking frame.' There were no other control measures in place to guide staff on how to assist the person to mobilise safely and prevent falls such as checking for loose rugs, clearing environment hazards and checking they had the appropriate footwear. . Another person's risk assessment identified communication difficulties; the only guidance to staff was 'please be clear when talking'. There were no other control measures in place or guidance for how staff maybe able to communicate with them. One person's risk assessment identified they were at risk of reddening of their skin, other than instructions to apply cream; there were no other risk prevention strategies in place such as referring to a district nurse or GP for assessment and guidance should the area not improve or get worse and what this might look like. This meant the person could potential develop a pressure sore and staff did not have adequate information or guidance on how to recognise and prevent this.

No environment checks had been completed on assessment when people were referred to the service. For example, staff did not have any processes in place to check people's property was safe for them and for staff to work within other than relying on the basic risk assessment and observation skills of the member of staff completing the assessment. This assessment did not identify for example if lighting was good, if there were any trip hazards, or if equipment staff were expected to use was in good order, such as electrical sockets or kitchen and bathroom equipment. We found this lack of a robust risk assessment placed people and staff at potential risk of harm.

The service used a computerised system to log in and out of calls to people's home. When staff first arrived if the person had a phone they used this to call a number which then showed them being there and they repeated this to show them leaving. This meant the service could track where staff were and it showed if people had received their visit. However this system physically needed a member of staff to be monitoring the computer software to address any issues as they arose, such as a missed or late call. From people we spoke with we had varying responses as to if staff attended on time. One person said, "They mostly come on time and are full of apologises if late." Another person said, "They are getting later and later." If staff attended a person's home and they found them to be absent or they could not gain access they had procedures to follow. One member of staff said, "If we cannot get in we contact the office or advocate for advice, or check with neighbours and relatives." The registered manager told us that if a person was not at home and they were concerned an advocate would go out and check, or they would contact relatives, if still not able to contact the person they would call the police to carry out a welfare check. However we found this system did not always safeguard people as a call could be missed on more than one occasion and the information would be passed to the advocate on call at the time and not necessarily shared further. This

meant people were at risk of not receiving the support and care they required.

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

People's comments about staffing provided by the service was variable, some people told us that they had regular staff visiting them, whilst other people said that they never knew who was going to be visiting and that they often had agency staff. A few people told us that they were on a 'non- agency list' this meant that they only received care from permanent members of staff. From speaking with people this was because they had either made a complaint or they had clearly stated or their relatives had stated they did not want to have agency care staff. Comments made about the kindness of staff and their ability to do their job were all positive however.

The registered manager told us that the service had gone through a period where staff had left and that they continuously recruited new staff all year around. The provider did this by advertising for staff and by holding recruitment days throughout the year. The last recruitment day had been successful in employing eleven new staff and we saw that some of these staff were taking part with induction training at head office during our inspection. The registered manager told us that there were plans to recruit a care manager to assist in the running and overseeing of care packages at the service as well as more administration staff.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would discuss them with a manager and report it to duty social worker." Another member of staff said, "If I suspected abuse I would talk and listen to them, remove them from any danger and report it to my manager. If needed I would contact local advocacy services, the CQC, social services and the police." The service also had a 'whistle blowing' policy where staff could discuss any issues confidentially. We saw posters and information displayed on notice boards at the service head office making staff aware of how to report any safeguarding concerns. The registered manager and provider knew how to report safeguarding concerns to the local authority and were willing to work with them to investigate fully and resolve any issues.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service or escorted them on trips out. One member of staff told us, "Any shopping I do I bring all the receipts to head office and then it comes off the person's account, so they have a record of it."

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "I heard [person name] calling help, and could not answer the door, so I got the key from a neighbour when I went in they were on the floor, so I called an ambulance and let head office know they sent out an advocate. I stayed with them until an advocate arrived to take over and the ambulance it was all dealt with in twenty minutes." A person told us, "I fell and was on the floor, when the carer came they called an ambulance it took a long time but they stayed with me until it arrived."

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We reviewed five staff files and saw all the appropriate checks had been completed.

Staff supported people to take their medication as appropriate. Staff had received training in the management and dispensing of medication. People's medication was usually supplied in blister packs from a pharmacy. Where necessary staff reordered and collected medication for people. The registered manager told us that some people required staff to provide their medication to them and staff specifically attended to them just to provide their medication, whilst other people may just require prompts to take medication. From medication records we reviewed these were all completed correctly and in good order. We saw the registered manager did periodic audits of medication administration charts to ensure they were being completed correctly by staff.

Requires Improvement

Is the service effective?

Our findings

Staff supervision and appraisals were not consistently applied across the service and we received mixed reports from staff as to how frequently they occurred. Staff working in the supported living schemes reported that they received regular supervisions, whilst staff working in home care were unsure if they had received supervisions or had an appraisal. One member of staff said, "I had frequent spot checks when I started and have had two supervisions this year but have never had an appraisal." Another member of staff said, "I have had two or three supervisions in three years but can't remember when I last had a spot check." We did see evidence in some staff files of regular spot checks but could not find evidence of appraisals occurring yearly for home care staff. The provider's policy states that staff should receive supervision every eight weeks. The compliance manager told us that supervision should alternate between face to face and spot checks and once a year a supervision should be an appraisal. We did see some areas of good practice with supervisions scheduled and having taken place however this was not consistent throughout the whole of the homecare service. It is important staff receive regular support through the structure of supervision to give them an opportunity to discuss their performance, development and support needs to allow them to fulfil their role.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. One member of staff told us, "I am currently completing an NVQ level 5 then I hope to do some further management training." Another member of staff told us, "I have recently had training on catheter care; it was really good because we could practice changing catheter bags and how to connect them properly." Staff received an induction when they started at the service, one member of staff said, "We had a full day in the class room going through policies and health and safety, we then did on line training and went out and shadowed other staff." We saw from training records that staff were offered varied training courses to support them within their role and that the compliance manager ensured staff were up to date with these. Staff told us that they felt well supported with training, one member of staff said, "If you ask for any training they try and find it for you."

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. Where appropriate people had in place lasting powers of attorney applications. Where possible people were encouraged to make their own decisions even if these are unwise. A member of staff told us, "We are trying to help one person keep their property tidy as they are a hoarder, it is their decision but we try and encourage them each day to tidy or throw away one object."

People were supported, where required, with their nutritional needs. Where required staff helped people to shop and prepare their meals. One person told us, "I usually have a microwave meal and the carers will do me some fresh vegetables to have with it." Another person told us, "They [care workers] always make sure I have fresh water and top up my glass for me when they come."

We saw from records that staff monitored some people's food intake to ensure they were having enough to eat and drink. Staff told us that they usually prepared light meals for people such as sandwiches or jacket potatoes and made sure they had snacks and drinks to hand.

People's healthcare needs were met. Where required people were supported to access healthcare professionals such as GP, district nurses, mental health team and memory team. The compliance manager told us that they had previously referred people for assessment by Occupational Therapist if they felt that they needed more support to remain in their home or if they required some adaptions to be made such as grab rails installing.

Requires Improvement

Is the service caring?

Our findings

In general staff knew people well and could explain people's preferences for care were and what the best way was to support them. However some people's preferences for care were not always followed and were not recorded in any detail in their care plans. One person told us how they liked to attend church on a Sunday, however if the care staff did not attend early enough that they cannot go. They told us this had happened on at least three occasions. The person told us that it was not the staff's fault but it was because they were short of staff, they said, "I never know who is coming so I can't arrange with them to come earlier on a Sunday." Generally people told us that staff treated them with dignity and respect, one person said, "They [staff] always ask if there is anything else they can do before they go."

Before staff started supporting people they were sent a task list of what support people required such as support with personal care or support with meals. And although care records were not always detailed enough, staff knew what to do, one member of staff said, "If I have a new person on my round I will ask other staff if they have supported them before how they like to be supported, or I read their daily notes and I ask them what they would like me to do." One person told us, "When the carers come in if they are new or agency I tell them what to do and I ask them to write down in my notes what they have done so there is a record of it."

People we spoke with were very complimentary of the care workers, one person said, "[care workers name] is the best carer in the world; she is wonderful." Another person said, "On the whole carers are pretty efficient."

People were involved in their care planning and were able to express their views and opinions. One person told us, "When I first started with the service someone came out to enrol me, and I chose the times I wanted but they are not kept to." The registered manager told us that often people are slotted into the times they have available when they first start with the service, these are then adjusted as staff become available. This person went on to say, "All the carers are wonderful and cheerful, one of them always gives me kisses and cuddles." Another person told us, "From time to time [care workers name] comes and asks me if everything is alright and if I require anything else." From documentation we saw care packages were reviewed at least yearly with people or their representatives to see if they were still appropriate.

Requires Improvement

Is the service responsive?

Our findings

We found people's care plans were not person centred and were not always available in people's homes. Care plans had not been completed with the input of people or their representatives to ensure that these reflected their support needs. Care plans failed to show people's preferences for care such as if they preferred a male or female care worker. Care plans also failed to identify what specific support people required or how they could be supported to maintain a level of independence for themselves. One person told us that they used to arrange to have a shower once a week when the care staff could fit this in, but they could no longer arrange this because they never knew who was coming. Another person we spoke with told us that, "I have pain in my shoulders, which makes it difficult for me to dress myself, I have to tell the carers to be careful." The registered manager was unaware of this person's issue and we found that they did not have a care plan available for staff to read or for this information to be recorded in.

Care plans that were available did not provide staff with sufficient information or guidance. For example where staff needed to support a person with medication, the care plan did not detail what steps staff needed to follow if a person missed or refused to take their medication. We saw another care plan where a person identified that they required support with mobilising when using the stairs; the only guidance to staff was to provide them with their walking aid at the top and bottom of stairs and which foot to lead with. There was no further guidance as to how to support the person safely or any explanation of what the risks were to the person and member of staff when assisting them on the stairs and how these risks could be mitigated. In another care plan assistance was required with changing of a catheter bag; however there was no guidance or instruction on how to do this safely, or how to provide catheter care, or what signs to look for should an infection occur requiring referral for medical support. The lack of clear instructions in people's care plans meant that they were being placed at risk of not receiving adequate support.

People told us that before they started using the service they did have a meeting with a member of staff to discuss their care needs and what times they would like to be supported. We could find no evidence in the care documentation that people had consented to receiving care as care plans were not signed, we did however see the initial meeting documentation that the staff completed. Some people told us that advocates reviewed their care from time to time and asked them if they required any other support. We found this to be inconsistent with some people saying they had never had a review. The service completed care plan reviews monthly however this was just a date that was signed by staff. There was documentation of a more in-depth review with people on an annual basis; however we found again, this did not contain much information and some people's reviews were incomplete. Where a review had taken place and a request had been made for care to change, there was no evidence that this had been looked into or followed up for the person.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people to follow their hobbies. Some people received support to access social activities of their choice. Staff supported people to attend clubs or college courses as well as supporting them to have

full social lives. For example they supported people to go to the cinema or bowling and out on day trips of their choice. In addition one member of staff has been working with people for the last three years to develop a football team for people with learning disabilities. People were supported to take part in training as well as playing football matches against other teams.

The provider had a robust complaints process in place. We saw from records that any complaints had been promptly investigated and responded to with actions taken to resolve the issues. The compliance manager also kept a log of complaints to identify any themes and clearly recorded how each complaint had been resolved with actions taken, and lessons learned.

Requires Improvement

Is the service well-led?

Our findings

There were quality assurance systems in place to review and improve the quality of the service provided to people. Although these systems were in place, they did not identify all of the issues identified during our inspection. The arrangements had not recognised where people were either put at risk of harm or where their health and wellbeing was compromised. The registered manager had not identified that reviews of people's care packages were not being fully completed or that people had inappropriate risk assessments and care plans in place. This placed people at risk of not always experiencing positive outcomes. In response to this the registered manager told us that they intended to review every person's care package and care plan personally.

People's views were sought about the service. Every quarter a telephone survey was undertaken of 10% of people using the service to gain their feedback on the care they were receiving. The information from this feedback was then discussed in management meetings and any issues investigated to improve the service people received. In addition the registered manager told us that she spoke with people on the telephone to canvas their views on care, however these were not recorded. Some people told us that advocates from time to time asked them about their care. We saw in people's records a sheet to record when advocates had visited to review care, however these were not always completed. Due to the lack of clear record keeping of people's feedback, it was unclear if any actions had been taken to address people's requests for changes with their care packages. This placed people at risk of receiving poor outcomes, and that their care may not be appropriate for their needs. The provider also sent out a yearly survey to gather people's views and this was due to be sent in October.

The level of support staff received at the service was variable. Staff working for homecare told us that they did not have staff meetings and that supervision and appraisals were not regular. Staff told us that they received communication mainly through email, such as working rotas or task list for people they were supporting. Despite the lack of formal review and support of practice, staff felt they had enough support at the service. Generally staff told us that they felt supported and that there was always somebody that they could talk to on the phone. One member of staff said, "Support is very good." They went on to say, "I have been developed and supported into every role I have undertaken." Some staff told us that they attended regular staff meetings and had regular supervision; however this was mainly in the supported living services

Staff were positive about their roles, clear on their responsibilities and enjoyed their work. Staff shared the registered manager's vision and values for the service. The registered manager told us that they, "Aim to provide the best possible care for individuals." One member of staff said, "We aim to keep people healthy and happy, and brighten up their day." Another member of staff said, "We try to support people's independence and make them feel they fit into the community." The service had a registered manager in place and they were supported by a senior management team which included a compliance manager and recruitment manager. Staff we spoke with said that they felt supported by the management team and advocates at the service.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9(1) (c) reflect their preferences. 3(b) Designing care and treatment with a view to achieving service users preferences and ensuring their needs are met.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (2)(a) assessing the risks to the health and safety of service users of receiving care and treatment. (b) doing all that is reasonably practicable to mitigate any such risks.