Social Care Personal Assistants Limited

Unit 7 Easton Business Centre

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Social Care Personal Assistants Limited is a domiciliary care service that provides care and support to people living in their own homes. In total, the service provided personal care to four people intermittently. When we inspected there was only one person receiving a service regulated by the Care Quality Commission. The other three people were either not currently receiving a care package, on holiday or in hospital.

As a result of this we were not able to provide a rating for this service due to the limited evidence available. We will complete a further inspection in the future to ascertain if we can obtain sufficient evidence to rate the service.

The owner of the agency was the 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 and associated Regulations about how the service is run.

People were not fully protected from the risk of harm as safe and robust recruitment procedures were not always completed.

People's risks were assessed and guidance for staff was recorded to reduce identified risks. The provider did not support people with their medicines so we were unable to make a judgement on this. Staff understood how to report abuse. We were unable to make a judgement on staffing due to the low number of people the service supported.

The provider ensured that staff received an induction and training was completed by staff to meet the needs of the people using the service. Where required, people received the support they needed with nutrition and hydration. People's records showed that capacity assessments had been completed where required in accordance with the Mental Capacity Act 2005.

People's relatives told us that staff at the service were caring and positive comments were received. People's relatives also told us that staff were responsive to people's needs and we saw that care records were personalised. There were systems in place to review people's records and people's feedback was sought. There was a complaints procedure for people to use if required.

The provider had systems to communicate with staff and there were systems that monitored the quality of care provided. The provider sent a newsletter to people to communicate key messages. The provider returned the Provider Information Return (PIR) we requested was completed within the specified time frame.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Inspected but not rated

We were unable to rate this key question due to insufficient evidence at this time

The service was not always safe

Staff recruitment procedures were not robust

People's relatives felt people were safe

Risks to people were identified and managed

Is the service effective?

Inspected but not rated

We were unable to rate this key question due to insufficient evidence at this time

Staff received an induction and training

There was a supervision process in operation

People were supported with food and drink where required

Is the service caring?

Inspected but not rated

We were unable to rate this key question due to insufficient evidence at this time

People's relatives told us staff at the service were caring

Is the service responsive?

Inspected but not rated

We were unable to rate this key question due to insufficient evidence at this time

People's records were personalised and unique

Records were reviewed and feedback was sought

There was a complaints procedure for people to use

Is the service well-led?

Inspected but not rated

We were unable to rate this key question due to insufficient evidence at this time

There were systems to communicate with staff

Observations of care provision were completed

Key message were communicated to people through a newsletter

Unit 7 Easton Business Centre

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. Due to the fact only one person received a regulated activity at the time of our inspection, we were unable to provide an overall rating for the service.

The inspection took place on 21 June 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. This service had not previously been inspected since registering with us in August 2014. This inspection was carried out by one inspector.

Before the inspection the provider completed 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 the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with the provider in the registered office. Shortly after, we spoke with 2 people's relatives and one member of care staff.

We looked at two people's care and support records. We also looked at records relating to the management of the service such as policies, recruitment, training records and meeting minutes.

Inspected but not rated

Is the service safe?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how safe the service was based on the care provision to one person. Therefore we have made a judgement of 'Insufficient evidence to rate.'

The service did not consistently undertake safe and robust recruitment procedures. We reviewed three recruitment files. Within two of the files we found the process had not ensured only suitable staff had been employed. For example, within one file the staff member had not disclosed any previous employment. The provider told us they were aware the staff member had previously been employed as a cleaner, however a reference from this employment had not been sought nor was the previous employer's details recorded anywhere. Within a second file, the staff member had declared that they had been previously employed at a location, however had not completed the dates of this employment and the provider was unsure how long they had been employed.

These two employees were employed from outside of the European Union. The provider told us they had seen the official documentation authorising these staff members to work within the United Kingdom, however there was no record of this within the recruitment files for us to check. In addition to this, the provider was unable to tell us how long these employees had been resident in the United Kingdom (UK). This meant there that as the provider was unsure how long these staff members had been resident in the UK, they would be unable to ensure they had a full employment history as required by the standard.

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

People's relatives did not raise any concerns with us about the safety of their relatives. Both said they felt their relatives were safe with staff. One commented, "They are very good at turning up on time." The other said, "I'm definitely happy with the care."

Staff knew how to identify and respond to suspected or actual abuse. Staff received training in safeguarding adults and the provider had safeguarding policies and procedures to support staff in this process. Staff we spoke with told us that if they had any concerns they would report them to the provider or could report concerns to external agencies such as the Commission or local safeguarding team.

The service did not support people with their medicines. People who received personal care at the service either managed their own medicines or were supported by their family who were their primary carer. The care records showed the service had listed people's current medicines and documented why the person was prescribed them. This assisted staff in understanding people's conditions.

The service had allocated staff that provided care to the people who received a regulated activity. Only a small number of designated members of staff provided personal care to people. The person receiving

personal care at the time of our inspection had two appointments every day that were provided by the same staff. The other person, who was currently on holiday, had one appointment a day which was delivered by the same staff. This maintained care continuity and was in accordance with the wishes of people who received the care or their family.

The provider had systems in place to monitor that care was being delivered safely. Each member of staff employed at the service was required to 'log in' on arrival at people's homes. Following this the provider would be notified electronically of the staff member's arrival. Should the staff member not arrive on time, an alert would be sent via email and text message to the duty phone to alert the relevant person. Following this, enquiries could be made as to why the staff member had not logged in and any relevant action could be taken.

The provider had completed an assessment of people's needs and identified risks were managed when needed. During our review of people's care records, we found that records contained details of people's individual needs and risk assessments. For example, people had completed risk assessments in relation to their moving and handling requirements to ensure people were moved safely.

Where a risk had been identified, guidance had been produced to manage the risk effectively whilst ensuring people were enabled to live in a least restricted manner. Guidance following the identification of a risk contained detailed information for staff on how to support people safely. For example, within one person's record it showed the person required the use of a mobility hoist for all transfers in their home. The guidance showed what type of hoist the person used and settings the straps needed to be positioned to support the person safely.

We spoke with the provider about the monitoring of incidents and accidents. It was evident that due to the small number of people who received personal care the frequency of incidents or accidents was very minor. The only recorded incident was in October 2015 that resulted in a minor injury to the person and did not require investigation. The provider told us that an investigation or review would be completed should a significant incident or accident occur, but the requirement has not yet arisen.

Inspected but not rated

Is the service effective?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person. Therefore we have made a judgement of 'Insufficient evidence to rate.'

People's relatives felt staff at the service were effective. No concerns were raised with us about the competency of staff or their ability. One relative said, "All is being done the way we want."

The provider had an induction process which encompassed elements of the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. New staff were further supported with additional training from the provider during their induction in first aid, food hygiene, challenging behaviour and the principles of care.

Additional training was provided to staff to allow them to meet the needs of the people they supported. For example, within the staff training records we saw that hoist training was provided by an accredited source. Training in epilepsy and the management and medicines used in the event of any seizures had been completed by a member of staff.

Staff were supported through a supervision programme. The provider told us they aimed to complete a formal supervision approximately every six months. As the staff team was very small, the provider highlighted that communication with staff was frequent and staff told us they could obtain support from the provider when needed. The supervision records showed that matters such as job satisfaction, training needs and safeguarding were discussed.

Staff provided support where required in the preparation of people's meals and drinks. Although nobody was at risk of malnutrition, staff supported people's families in ensuring people's nutritional needs were met. Within one of the support plans we looked at it showed the level of nutritional support required and how staff would achieve that aim. Where nutritional drink supplements were used, guidance on how to prepare the supplement was recorded.

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 spoke with staff about the provider about this and records supported staff were trained in this subject. Within people's records we saw that mental capacity assessments had been completed where required.

Inspected but not rated

Is the service caring?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how caring the service was based on the care provision to one person. Therefore we have made a judgement of 'Insufficient evidence to rate.'

We received positive feedback from the relatives we spoke with. They told us staff at the service were caring and no concerns were raised with us. One relative said, "The staff are fantastic." The other said, "Every time [service user name] see's [staff member name] they are laughing and smiling."

Inspected but not rated

Is the service responsive?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how responsive the service was based on the care provision to one person. Therefore we have made a judgement of 'Insufficient evidence to rate.'

People's relatives commented that staff were responsive to the needs of people. No concerns were raised around care provision or the responsiveness of staff. One relative we spoke with commented, "Overall it's a good quality of work in everything they do."

Care records were personalised and contained information unique to the people they were written for. For example, it showed people's preferred routines for when they liked to get up, how they preferred to be supported with personal care and any specific support needs. The records demonstrated how staff could recognise how someone was feeling if the person did not communicate verbally. This could be through the sounds the person made or their facial expressions. This showed the provider recorded specific personalised information to ensure people were supported in a person centred way.

Care reviews were completed and people could comment on their care. Both of the relatives we spoke with told us they had been involved in care reviews or were aware they had been completed. One told us, "They [service management] have been three to four times with questionnaires." The other relative said, "Reviews have been done and they have been out to see us." We saw that as part of the review people and their relatives had the opportunity to feedback about the service. For example, people were asked if staff were prompt, if they were caring, if any previous changes to the care plan were being met and if staff sought the person's views. All of the reviews we looked at showed positive feedback was received.

People had access to the provider's complaints policy and felt able to complain should they need to. The provider's policy was within people's homes in their care plans and explained the process to undertake. From reviewing the complaints log it showed the service had not received any complaints since January 2015.

Inspected but not rated

Is the service well-led?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on if the service was well-led based on the care provision to one person. Therefore we have made a judgement of 'Insufficient evidence to rate.'

People's relatives knew who the provider was. One told us that although they had not met the provider they had spoken with them on the telephone. Both relatives said they would have no concerns in contacting the provider should the need arise.

There were systems to communicate with staff. The provider told us they held periodic staff meetings but as there was such a small team employed communication was frequent with all staff. The staff member we spoke with did not raise any concerns about communication. We saw from the minutes of a meeting in October 2015 that matters such as training, infection control, record keeping and people's needs were discussed. Management meetings were also held that discussed matters such as people's needs, staffing levels and the projected plans for the service over the next year.

The provider had a system to monitor the quality of service provided. Observations of staff were completed to ensure care was provide in line with the person's assessed needs and that staff provided care in accordance with the provider's standards. This include if the staff member arrived on time, if they knew the person's needs, if staff wore gloves and followed infection control guidance and if they offered people choices. A conversation with the person receiving care was also part of this observation process. Previous observations had not identified any areas of concern.

The provider produced a newsletter to communicate important information to people. The provider told us they produced this newsletter two or three times a year for people. It contained information for people on healthy eating, tips on improving their balance and a reminder to drink lots of fluids in the summer. In addition to this, it contained safeguarding information such as the local safeguarding team contact numbers. It also reminded people about personal security and that all of the provider's staff should produce photo identification if required.

The provider understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment procedures were not always completed. Regulation 19(3)(a)