Care Quality Commission

Selective Recruitment Limited

Selective Care

Inspection report

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Date of inspection visit: 20 October & 11 & 13 November 2015
Date of publication: 14/01/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 October 2015 and 11 & 13 November 2015 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Selective Care provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 43 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

A registered manager was not in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was currently in the process of registering the manager for the regulated activity of personal care.

The feedback we received from people was excellent. Those people who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults but not child protection for when they came into contact with children.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held once a month and were flexible on times, so as many staff as possible could attend.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

People felt listened to and a complaints procedure was in place. Regular audits of the service were carried out to asses and monitor the quality of the service. Where issues were identified the manager to remedial action. For example a recent audit of medicine administration charts identified that these were not always completed correct by staff. As a result the manager completed an action plan to ensure improvements were implemented.

The manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Summary of findings

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 always safe.

Staff were trained and assessed as competent to support people with medicines. However there were gaps on medicine administration records.

Staff received training in safeguarding adults but not child protection for when they came into contact with children.

People felt safe and secure when receiving support from staff members.

Requires improvement

Is the service effective?
The service was effective.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments; and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good

Is the service caring?
The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain independent as possible. Their dignity and privacy was protected at all times.

Good

Is the service responsive?
The service was responsive.

People told us the support they received was personalised and people's needs were reviewed every three months.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Good

Is the service well-led?
The service was well led.

People and staff spoke highly of the service and the manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Good

Summary of findings

Polices were appropriate for the service and kept on line so they were continually updated in line with current practice.	

Selective Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2015 and 11 & 13 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

At the last inspection in November 2014, we identified two breaches of Regulations relating to assessing and monitoring the quality of service provision and the management of medicines of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We made two compliance actions. The provider sent us an action plan stating they were now meeting the requirements of the regulations.

The inspection was carried out by one inspector and an expert by experience who had experience of caring for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also checked other information we held about the service and the service provider, including notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with ten people who used the service, or their relatives, by telephone. We sent people who used the service a questionnaire about their experiences and received six responses. We also sent community professionals a questionnaire about their experiences and received one response. We spoke with the manager and five staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records and a customer satisfaction survey.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and felt the company provided staff who kept people safe whilst providing them with personal care. One person said, "They always check that I have my call bell within easy reach when they leave and remind me that I must press the bell if I need any help." Another person said, "I only have carers call twice a week to give me a shower. They are competent and I feel perfectly safe with them." Another person said, "The carers help me have a bath twice a week. They help me into the bath and let me have a nice soak whilst they get on with other duties. I have a bell to ring when I am ready to get out and they come and help me and I feel quite safe with them."

At a previous inspection we identified that the provider had failed to ensure the people received their medicines safely. At this inspection we found the manager had taken effective action to address all of the concerns which were identified. Improvements had been made and cream charts were now in place with body maps so staff could identify where to apply creams to those people who required them.

People were satisfied with the support they received with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Training records showed staff had been suitably trained and had been assessed as being competent to administer medicines. Staff members told us all medicines must be in blister packs, or pre-prescribed. If they had any concerns with medicines they would contact the on call person. A staff member said, "I feel confident about giving medication and I have received training. If I was unsure about anything I would call the on call person and explain." However, on some medicine administration records (MAR) there were missing signatures. We spoke to the manager who explained her action plan as a result of recent audits. Improvements had been made and it was being closely monitored, as a top priority and new concerns were being addressed individually with the staff members involved.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "If I noticed any unexplained bruises I would report them straight away." A recent safeguarding concern had been raised by the agency, and the manager understood her responsibilities in relation to this. Comment from a questionnaire we send to professionals stated, 'Very flexible and a good knowledge of the safeguarding process and how to support clients autonomy.' However, the training did not cover child protection and whilst the agency did not provide a service to children directly, staff did come into contact with children in households where they provided a service. We discussed this with the manager who agreed to add to future training on safeguarding.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working for the service. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of staff or care staff supporting a person was increased when required. The manager informed us that in the new year they are going to introduce permanent contracts which will include travel time, to help with the retention of staff and in the recruitment of new staff.

Staff told us they supported people to take risks in their own home without minimising their freedom. One staff member said, "I make sure they have the right equipment, and any equipment they had, I would make sure it was within easy reach." Another staff member said, "All the people have risk assessments in their home. If I thought they weren't safe I would phone the office for someone to have a look."

Assessments were undertaken to asses any risks to people who received a service and to the care workers who supported them. This included environmental risks and

Requires improvement

Is the service safe?

any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, finance, falls and wheelchairs and equipment. For example a risk assessment for the environment, provided staff with information about where they could park their car. Risk assessments were reviewed yearly or as needed, but were going to change to every six months

The home had a lone working policy and staff were required to text in at the end of the shift to say they had returned home safely. We saw a copy of staff minutes that showed staff had been told the importance of this, and if staff didn't phone up after their shift after one hour emergency procedures would be put in action. This was to ensure all staff had returned home safely after their shift.

The service had a business continuity plan in case of emergencies, which had recently been updated by the manager. This covered eventualities for example flooding and the risk of snow and ice. This contained a set of procedures to follow and the main contact numbers for emergency services.

Good

Is the service effective?

Our findings

People and their families we spoke with felt that staff were well trained and carried out their duties to the highest standards. One person told us staff will always ask, "Is there anything else I can do for you while I am here."

Staff told us they received a lot of training, one staff member told us they were, "pleased with training, if I am unsure I can come in the office and ask." Another staff member said, "Pleased that I have a choice to develop myself." Most training was provided by on line training, or by the local council and included moving and handling, basic life support, mental capacity act, food hygiene, health and safety, equality and diversity, infection control, safeguarding and medication. The new manager was going to re train to be a trainer so they can provide training in house and be able to monitor if it meets people's needs and current legislation. However, there was no training on fire safety. We spoke to the new manager who is going to introduce this into her training, which she will provide in house.

In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

People told us, if a new staff member started; they were accompanied by a regular carer and were shown how people like things done. The service had appropriate procedures in place for the induction of newly recruited members of staff. All new staff were signed up to the new care certificate. This is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. New staff then shadowed an experienced care worker before going out on their own, when they felt confident to do so. One staff member told us, "My induction was very good." The manager told us, "I encourage staff to phone up if unsure about anything, and if staff don't feel confident they can work on the double up run, with an experienced carer till they gain more confidence. They added, "I make sure I phone new staff after their shift, to see how they got on, as everybody is different, and they need to feel confident. We need to support people in the first few weeks, otherwise we will lose staff."

Staff told us they felt supported, and that they have supervisions every three months and a yearly appraisal. Most supervision were carried out by having an unannounced spot check and providing feedback afterwards. One staff member told us, "Supervisions not told just surprised. I have just had one, and it was okay, as you don't have to worry." We asked the staff member how they found the experience and they told us, "The feedback on spot checks was really helpful, and I didn't have to wait which was great." The manager told us they also complete more formal one to one supervisions as well, and if they notice any retraining needs will put into action. For example if a staff member wasn't wearing her gloves while providing personal care, they would be required to complete infection control training again.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Staff members reheated and ensured meals were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us that food and fluid charts were in peoples home who needed them. One staff member said, "I use to look after a person who needed encouragement to eat, so I would sit with them and eat my own lunch with them to encourage them to eat."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals , where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent care from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. There was no one subject to an application to the court of protection at the time of our inspection.

Good

Is the service effective?

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated. If someone was at risk of falls, would let the office know so the falls team could carry out an assessment. The office would then liaise with health and social care professionals if their health or support needs changed. If any health professional had visited staff told us they would call the office to let them know, so the next person going in was aware of the persons current health needs and any action needed.

Good

Is the service caring?

Our findings

Without exception people felt staff treated them with care, compassion and kindness. One person said, “The carers are very polite, punctual and friendly.” Another person said, “The carers appear to be happy what they are doing and we often have a laugh and joke. It makes life worthwhile.”

Everyone we spoke with told us that staff were kind and caring and confirmed the staff always treated them with respect and dignity. In further discussion, people who used the service were extremely positive about the care they received and spoke highly of their care workers.

People were encouraged to undertake their own personal care where they were able to do so. Where appropriate staff members prompted people to undertake certain tasks rather than doing it for them. Staff told us, “We encourage people to do what they can do themselves, so they don’t lose their independence. “ Staff told us, “We do this by guidance and encouragement to do what they can do.” Another staff member told us, “They may only need help in the bath, to wash their back, so I would tidy around and keep the door shut, and then when needed, just wash their back, so they have independence with the rest of their personal hygiene.”

Staff explained how they respected people’s privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person’s care plan, including their personal histories and their likes and dislikes. They would then knock on people’s doors and identifying themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care, one member of staff said, “I make sure the curtains are closed, and keep them covered up with a towel.” Another carer said, “I always make sure doors are closed, and explain what I am doing and involve the person as well.”

Where possible people had the same team of staff members looking after them. Comments from the providers quality reviews included, ‘likes having the same carers coming in.’ another comment stated, ‘ everybody friendly polite and helpful. Nice to have same carer coming in.’

Information regarding confidentiality, dignity and respect formed a key part of staff’s induction training for all care staff. A Staff member told us, “The best thing about working here is the sense of fulfilment of helping people.”

In the service user guide it had information about advocates and how to access them, will different companies and telephone numbers, should people need to access an advocate. An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood and met their needs well. One person said, "I have no complaints whatsoever about this company and the staff are always happy to listen if I contact them." A relative said, "Because my wife is not amenable to change, I asked the office if we could, as far as possible, have the same carers during the week. I understand that it is more difficult at the weekend. This has been arranged and my wife is much happier with this and she and the carers have built up a lovely rapport."

Care plans provided information about how people wished to receive care and support. They gave detailed instructions about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things to be done. For example one plan stated, 'would like carer to half fill my beaker with cordial, as I can no longer lift a full beaker.' Another plan stated, 'I Like weak tea with no sugar'. Care plans had been organised and divided into sections so they were easy for staff to follow.

People received care that had been assessed to meet their specific needs. The manager told us about one person who really enjoys completing jigsaw puzzles, so this has been added to their plan of care, which meant that when the care has been provided staff to sit and assist with a puzzle. Care plans were reviewed every three months by a provider review and people confirmed that staff will always listen to them and act on any requests or views they may have. Provider reviews were carried out by senior staff, to make sure people were happy with the service and if improvements could be made, and that their care needs were being met. Comments from these reviews included, 'very good timekeeping.' Another comment stated, 'makes bed beautifully.' Another comment stated, 'very pleased with the service I'm getting. Likes carer and pleased has a regular carer.' However we saw comments that stated, 'don't keep to time.' Another comment stated 'calls don't seem to be at the same time each day, sometime lunch calls are early 11.30.' We spoke with the manager who told us, "staff have been informed if they need to change a call to ask the office first."

Staff were informed about changes to people s care plans, or any other information they may need to know to assist the person they are caring for through staff meetings and also by a text message informing the carer of any changes. When completing staff rotas the manager told us, "Try to have same carer with people, then if any changes happen to let people know."

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out to people every year seeking their views. We saw the results from the latest questionnaire, which had been completed in July 2015. The results of the survey, which were predominately positive, had been analysed and assessed. One comment stated, 'I have always been very happy with all the carers.' The manager told us, I am also looking at using an outside quality company in the new year, to show we are open to ideas and have nothing to hide. This will be competently impartial and the reviews will go on the internet, for everyone to see.

All people receiving a service were issued a service users' handbook when they started using the service, this provided people on guidance about making a complaint or giving a compliment. This included contact details for CQC as well as details for local Social Services department. In provider reviews people are asked if they know how to make a complaint, and if they require a visit from a manager. A comment from a review stated, 'know how to make a complaint'. We spoke to the manager about the process who told us, "I would monitor any complaint to see if there is a pattern. If there is a pattern why and what can we do to put in place to stop it happening, for example it could be a training issue, where we would have to retrain staff to prevent it happening again."

Good

Is the service well-led?

Our findings

People and their families told us they felt this was a well led service. One person said, "They are a brilliant company." Another person said, "I give them 100% for their commitment." Another person said, "I understand they have yet another manager and I hope things will continue to be as good as they have always been." Staff told us, "The manager is very good. They seem the best manager we've had, knows what they are talking about." Another staff member said, "This manager seems good, so far, so good."

At the time of our inspection the registered manager had left the service and a new manager had been in post since September 2015 and has applied to be registered with CQC and their application was being processed.

At a previous inspection we identified that the provider had failed to ensure there was an effective process in place to monitor the quality of the service provided. At this inspection we found the manager had taken effective action to address all concerns identified. Improvements had been made and a series of internal auditing systems were now being used by the service. The manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training and incidents. An action plan had been produced as part of these audits and measures put in place. As a result of a recent audit on medicines records, the manager identified gaps in MAR records where staff were not always recording medicines administered on charts. The manager had updated all the MAR charts in people's homes and used a separate folder for medicines so the chart was easy to find and use, and retrained all the staff on the importance of correct recording administration. The manager told us, "I will audit these records every month, if it continues I will speak to the individual staff involved, and if I have concerns this will result in disciplinary action, as it can't continue." From a recent training audit, the manager noticed that there was a lack of training in dementia care, so has arranged an expert in dementia to come into the service to provide training for all staff in the new year.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Staff meetings are held once a month, in order for these to be assessable to all staff, one is held in the morning and one in the afternoon on the same day, staff can then choose which meeting to attend. A staff member said, "I attend staff meetings regularly. If I am worried about anything, I can just come in the office, I don't have to wait, and It's an open door policy. "We saw minutes from October 2015 staff meeting reminding staff the importance of filling out medicine MAR charts correctly and a copy of the correct procedure given to staff. Minutes also showed issues were raised about people, and staff spoke to as a team for any suggestions of how to improve the service. The manager said, "We need to listen to staff, as they are a valuable part of the team and everyone has a part to play, I am always open to new ideas."

Policies and procedures were on the internet and all new staff had access to a link to be able to access these and view as required. The staff handbook was also available on line. This meant that polices and staff handbook were continually updated in line with current practice and legislation. The manager would be sent updates each week, which were then passed on to staff. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The manager was aware of the need to notify the care quality commission (CQC) of significant events regarding people using the service, in line with the requirements of registration. The manager told us support was available from the registered provider and they were very keen on new ideas to improve the service. An example of this is how they are looking at using an external quality company in the new year, to assist in quality monitoring and using working feedback, where, people and their families and health professionals could fill in a survey and send it to the company who will show the feedback on the internet. The manager told us, "This is to show we are very open and have nothing to hide."