

Sceptre Care Limited

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Inspection report

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Tel: 01204527014

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09 May 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 09 May 2017. We gave the provider 24 hours' notice to ensure someone would be in the office to facilitate the inspection. The service had not previously been inspected since first registering with the Commission.

Sceptre Care Limited is a small domiciliary care company whose office is located on the outskirts of Bolton Town Centre on the first floor of King William House which provides the space necessary for the running of the company and management of the regulated activity and its employees, including facilitating staff meetings, training and supervision.

There were two registered managers in post. 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.

The service had a robust recruitment process to help ensure people employed were suitable to work with vulnerable people.

Safeguarding policies and procedures were in place and the staff demonstrated a good understanding of safeguarding concerns and the process to follow if they suspected abuse.

Comprehensive risk assessments were in place and support plans devised to mitigate the risks. We saw that people or their representatives had been involved in planning the care provided.

Staff told us they were well supported and were inducted in to the service and received on-going training to support them to undertake their role.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

The relative of the person who used the service told us they valued that only a couple of staff supported their family member. The relative said staff were kind and caring and paid particular attention to detail which reassured them that their family member was being well cared for.

The registered managers covered care shifts to ensure they maintained oversight regarding the care provided.

People who used the service were fully involved with decisions about their care and were given choices in relation to their care delivery and their personal preferences were taken into account.

There was a complaints policy in place and although at the time of the inspection there had not been any

complaints received, there were systems in place to track complaints.

We received positive feedback about the registered managers. The relative of the person who used the service and staff, stated the service was well-led.

The registered managers had an infrastructure in place to seek the views of people who used the service and their relatives by undertaking reviews of care delivery.

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.

People we spoke with told us they felt safe using the service.

Care file information included a variety of risk assessments and suitable arrangements were in place to ensure the safe management of medicines.

There were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service.

Is the service effective?

Good ●

The service was effective.

Staff received training to support them to undertake their role and were provided with regular support.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People had consented to their care.

Is the service caring?

Good ●

The service was caring.

Care plans were in place identifying care and support needs.

Staff were knowledgeable about the person they supported in order to provide a personalised service.

Relatives spoken with felt that staff were approachable and very caring.

Is the service responsive?

Good ●

The service was responsive.

The service had a detailed complaints policy and although no

complaints had been received, there was a system in place to manage complaints.

Care plans were person-centred and information about people's life history, likes, dislikes and how they wished to be supported was documented.

Is the service well-led?

Good ●

The service was well-led.

The staff we spoke with told us they enjoyed working at the service and felt valued, were able to put their views across to their manager, and felt they were listened to.

The service had policies and procedures in place to monitor the quality of service delivery and had appropriate auditing systems and processes.

The relative we spoke with was very complimentary about the registered managers and the service provided.

Sceptre Care Limited

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.

The inspection took place on 09 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a small domiciliary care service; we needed to be sure that someone would be in.

At the time of our inspection three people were using the service, but only one person was in receipt of a regulated activity which was personal care. The service employed two registered managers and a nominated individual. At the time of the inspection the registered managers also delivered care to the person using the service.

The inspection team consisted of one adult social care inspector from the Care Quality Commission.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. We did not ask the service to complete the Provider Information Return (PIR), prior to the date of 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 reviewed the care records of the person who used the service and records relating to the management of the service. We looked at three staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered managers, the nominated individual and the director. We spoke with the relative of the person who used the service as part of the inspection; this was in order to seek feedback about the quality of service being provided.

Is the service safe?

Our findings

The relative of the person using the service told us they felt their relative was safe using this service and said, "I definitely feel [my relative] is safe; the staff are always prompt and on time and stay the full length of time without rushing off. They always wear gloves and aprons which are fresh each time."

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All staff had undertaken safeguarding training as part of the induction process and/or continued personal development. One staff member said, "Safeguarding is a process that exists to protect people who use care services and the staff who deliver it. I have recently attended safeguarding training and would have no hesitation in contacting the local authority in line with their safeguarding process if I was ever concerned."

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, but had never had to raise any concerns about the service with any other organisation such as the police or local safeguarding team.

We found there were robust recruitment procedures in place and required checks were undertaken before staff began to work for the service. Personal details had been verified and five references had been obtained from previous employers. Application forms were detailed including previous work history. Disclosure and Barring (DBS) applications had been obtained for each staff member. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence that identity and address checks had been undertaken.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure that people who used the service were safe. There was an appropriate and up to date medicines administration policy in use. We found that the service did not routinely or directly supervise the administration of medicines for the person who used the service, which was the responsibility of the person themselves and their relative. This was recorded in the health/medication details section of their care plan.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe in their own home. At the time of the inspection only one person was in receipt of personal care and was receiving care from two staff members who were also the registered managers which ensured familiarity with the person receiving support and contributed to the building of good relationships and safe working practices. This was because the service was very small and had not yet expanded to include a larger number of people using the service, or a larger staff group. The relative we spoke with told us they valued seeing the same staff on a regular basis.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. We found since registering with the Commission, no

accidents or incidents had occurred at the service.

The person's care file we saw contained a variety of risk assessments including an environmental risk assessment which covered the physical environment in the person's own home that helped to identify any hazards to the person themselves and the staff member providing support. The care file also contained risk assessments including those for moving and handling, bathing/showering, nutrition/hydration and medication. We found these risk assessments were reviewed as required in response to changing needs of the person who used the service.

Assessments identified various risks and the action required to minimise the risk, for example a manual handling risk assessment covered the ability of the person to understand instructions, what they could do for themselves and their level of dependency with transfers, if there was a recognised risk of falls, if they were able to dress themselves, if they had any sight or hearing problems, if they had pain on moving or pressure sores. Set against these questions were details of the equipment and methods used to assist the person which would contribute to safe working practices.

The care file contained a daily observations chart that identified what support staff had provided at each visit such as any nutritional intake or personal care administered. The file also contained a 'service user contract' which identified a summary of the services being provided. There was also a 'service user care package sheet' which included contact details of others involved in the life of the person receiving support and the type of service required from Sceptre Care such as companionship, social support, emotional support, food preparation, personal care, assistance with showering/bathing or dressing/undressing.

We saw that appropriate fire evacuation processes were in place and fire fighting equipment was available in the head office premises. A health and safety risk assessment had been completed to cover cleaning chemicals, electrical faults, work equipment, fire, heating and staff facilities. In the event of the need to vacate the office premises people's care records were available via secure lap-top access. There was a contingency plan in place which covered actions required for an unforeseen event such as loss of the registered manager or staff, flu pandemic, staff loss of transport, loss of the office building, loss of IT and theft of equipment.

Additionally each person who used the service had a rating priority score that identified if they needed complete support from the service, partial support with the help of relatives or if they were able to live independently for several days until the business disruption was rectified.

Is the service effective?

Our findings

The relative of the person who used the service told us they felt staff had the right skills and training to do their job. They said, "The staff have been very informative and have answered all the questions I have had; they do an excellent job and certainly know what they are doing. Life has been so much easier for me because of what they're doing for [my relative]; communication is excellent."

We found there was a process of staff induction that was being fully developed by the registered managers at the time of the inspection. Other than the two registered managers no other staff had been recruited since first registering with the Commission as the service was very small. Any staff who would be recruited in the future would be expected to complete this induction programme when they first began working for the service and would be given a handbook to help track progress against the required competencies. The handbook included reference to whistleblowing, disciplinary and grievance processes as well as a staff code of conduct.

The induction programme consisted of in-house training such as person-centred care, food hygiene, end of life care, cultural awareness, nutrition and hydration, equality and diversity, mental capacity act, infection control, health and safety; external training including safeguarding, medication, dementia and moving and handling; policies and procedures; documentation and record keeping. We saw that the structure of the induction programme included on the job shadowing and monitoring visits/probationary meetings at weeks four, eight and 12.

We saw staff were given a copy of the organisation's policies and procedures which were available electronically or in paper format and staff knowledge of these policies and procedures was tested out as part of the process of induction. This meant that staff would be clear about the standards expected by the service and how the service expected them to carry out their role in providing safe care to people in their own homes. Training for new staff members was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff we spoke with told us they felt they had received sufficient training to undertake their role competently and confirmed the process they had followed since they first started working for the service. A staff member told us, "I feel I get enough training to allow me to do the job and any training I have asked for has never been refused."

We verified the training they had undertaken by looking at training certificates which were all stored in their individual personnel file. Training had been completed recently and included moving and handling, safe use of equipment, hoist awareness, fluids and nutrition, level two medicines management, safeguarding, infection control, health and safety, dementia, person-centred practice, fluids and nutrition; first aid.

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. At the time of our inspection we found that the provider was working within the principles of the MCA.

Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. Discussions with staff identified that they had received training in respect of The Mental Capacity Act and The Deprivation of Liberty Safeguards and had knowledge and understanding of the processes involved.

We were unable to visit the person who used the service in their own home as we did not receive their permission to do so. However the relative of this person who used the service told us there was a care record file in [their relative's] home into which staff entered information about what had occurred at each which ensured that information was passed between staff to promote continuity of care.

We looked at the way the service managed consent for any care and support provided. Before any care and support was provided, the service obtained consent from the person who used the service or their representative. We were able to verify this by speaking to the relative of the person who used the service, checking their care file and speaking to staff. We asked a member of staff how they would ensure a person had provided consent to care and they told us, "Consent to care is initially obtained at the first stage of assessment and is recorded in their care file. When delivering care you must always ask for the persons' consent before doing anything, but consent can be withdrawn at any time and you must be mindful of this."

We saw that care file information contained a document that identified the type of support required which was in addition to a 'visit schedule form' which identified specific tasks undertaken on specific days of each week. This meant that the person who received the service and their relative were clear about what was support was being provided, where, when and how.

Due to the small nature of the service which supported only one person at the time of the inspection, a formal electronic staff call-monitoring system was not used; however detailed records were kept of each home visit for each person for each day and we saw that there had been no missed or late visits. The service was investigating the potential for the use of a formal electronic staff monitoring system which we were told would be introduced when the service expanded and there was a need for this.

Although the person who was being supported did not require assistance with meal preparation, which was the responsibility of their relative, care files contained a nutritional and hydration care plan that would be used where applicable. This recorded information on special diets, allergies, likes and dislikes, the ability of the person to eat and drink independently, their appetite and required dietary intake, any equipment that would be necessary. Additionally any food preferences and cultural/religious requirements were taken into account when considering nutrition and hydration needs.

Is the service caring?

Our findings

The relative of the person who used the service told us that staff were kind and treated them and [their relative] with dignity and respect, they said, "The staff have been absolutely excellent; they listen to me and always follow my instructions, for example [my relative] prefers to have aftershave applied mixed with face cream rather than being sprayed on and this is exactly what happens. [My relative] says they feel lucky to have such dedicated ladies working alongside them. They are the most caring staff I have ever known."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled them to fully participate and make informed changes. A relative told us they were involved in developing their care and support plan with the service and [their relative]. They were able to identify what support they required from the service and how this was to be carried out. A relative told us, "The staff are always dignified with [my relative] and always include him in what's happening; staff visited us at the beginning and they assessed [my relative's] needs; they came again and had another conversation with [my relative] about their needs and we agreed exactly what support would be provided."

The relative of the person who used the service told us that staff promoted [their relative's] independence. They said, "Staff support [my relative] to be as independent as possible by encouraging them to take part in what is happening and this can change from day to day depending on how [my relative] feels." They also told us they valued the same care staff who were very familiar to them and [their relative].

It was clear from conversations we had that staff had a detailed knowledge of the person receiving support without the need to refer to care file information. Their relative told us, "In a short space of time staff have got to know [my relative] very well and this is the best possible situation for us both."

Staff communicated effectively with the person who used the service and their relative. Any specific communication needs and individual methods of communication were addressed in the care plans.

The service had a service user guide which was given to the person who used the service in addition to the statement of purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered managers; a description of the services and facilities provided and how to make a complaint.

The service had a range of policies and procedures in place to cover all aspects of care provision. Staff confirmed they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting any other organisation or anyone who was in receipt of end of life care.

Is the service responsive?

Our findings

The relative of the person who used the service told us, "The information I got at the start had all the relevant information including how to make a complaint; I have no concerns but if I did I would have no hesitation in ringing the office who I know would listen to me. The service has always been responsive to [my relative's] needs and always respond well to what [my relative] wants."

We looked at how new referrals to the service were assessed. The needs of people were assessed by the registered managers before being accepted into the service and thorough pre-admission assessments were completed to ensure the service could meet people's individual needs. This included gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

Before care and support was provided to any person the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities and interests, moving and handling, the home environment. We saw that prior to any new package of care being provided a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records.

People who used the service had a care plan that was personal to them with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

The structure of the care plans was clear and easy to access information. The care plans were comprehensive and person centred, and contained details regarding the person's background and life history, interests and social life, any existing support network, spiritual needs and recorded details of people who were involved in care planning such as family members and other relevant professionals.

The managers also visited people in their own homes to deliver care and to identify their views and experiences which was confirmed by the relative of the only person receiving a service at the time of the inspection, who we spoke with.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a document, which was completed by staff at each visit. This included information on when personal care or other form of support had been provided.

Support plans were developed using the information from assessments and detailed people's needs including mobility, how they wanted their support to be delivered, personal care needs, hobbies, medicines and important information about them.

There were systems in place to record what care had been provided during each call or visit. Care files contained a daily log, which was completed by staff at each visit. This included information on when

personal care had been provided, when medicines were given/prompted/checked or any food preparation

There was a system in place to regular review the care needs of people who used the service. Each section of the care planning documents contained a section that identified the date when the next review was due.

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. We noted that since the date of registering with the Commission the service had not received any form of complaints or concerns regarding any aspect of service provision.

The relative of the person who used the service told us that should there be a need to complain they felt confident in talking to the managers directly and had regular on-going discussions with management as part of the normal process of care delivery. They told us that information on how to make a complaint had been given to them before any care was provided.

Is the service well-led?

Our findings

There were two registered managers in post. 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.

Up to date registered manager's certificates were on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

Staff told us they felt they were able to put their views across to senior management and the director, and felt they were listened to. They told us they enjoyed working at the service and said they felt valued. They said they thought the staff team worked well together and it was clear from our observations that the management team worked efficiently and effectively and in a mutually supportive way.

One staff member told us, "My line manager is very helpful and has an open door policy; they listen to me and take on board my ideas all the time." A second staff member said, "Although we haven't yet held any formal supervision sessions, we meet formally every week in addition to the monthly managers meetings; I feel supported by my line manager and I know there would be no hesitation in supporting me. There is definitely an open door culture here and I think my line manager supports me very well as an individual."

The service had an infrastructure in place to seek the views of people using the service and their relatives through the provision of a satisfaction surveys. At the time of the inspection only one person was using the service who was in receipt of a regulated activity and had not yet been with the service long enough to warrant the need for a formal satisfaction survey to be completed.

There was also a system in place to gain staff feedback but at the date of the inspection there were only two members of staff who delivered care and these staff members were also the registered managers.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. These included audits of people's care files, medication audits, accident/incident audits and observations of/spot checks on care staff to verify their competence in providing safe and good quality care. We noted that since registering with the Commission the service had not received any form of complaints, and there had been no accidents or incidents or any other occurrences that would necessitate the need for a statutory notification to be sent to CQC. Discussions with the registered managers showed that they understood their responsibility in respect of submitting statutory notifications to the Commission.

We looked at the minutes from recent staff meetings and discussions included organisation changes, policies and procedures, audits, review of service user documentation, feedback from people using the service, training, contingency planning, recruitment and marketing. Any actions required to be undertaken that were identified at these meetings were followed up on and reported upon at the next scheduled meeting.

Staff meetings were conducted every month to enable them to raise any issues with the nominated individual and director. At the time of the inspection due to the small staff team who worked alongside each other on a daily basis, formal supervision meetings had not yet been instigated. The registered managers told us that supervision meetings would be implemented upon growth of the agency but at the current time there wasn't a requirement due to their only being two registered managers who also delivered care and no other care staff members.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.