Somerset Care Limited

Somerset Care Community (Mendip)

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection was announced and took place on 11 and 12 February 2015.

Somerset Care Community (Mendip) provides personal care and support to people living in their own homes in the Mendip area. At the time of the inspection they were providing a personal care service to 465 people.

There was a registered manager 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.

People felt safe with the care workers who came into their homes. One person said, "They are all very polite, never a cross word". Another person said "I feel very safe and I miss them when they are not here". Some people said they had felt anxious about the shortage of staff which

Summary of findings

had led to late calls and a variety of different care workers providing their care. However they also said they could see the improvements following new staff and changes in travelling time.

People were protected from harm and unsuitable staff as the agency followed robust procedures when recruiting new staff. New staff didn't work with people until they had completed their induction training and worked supervised with senior care workers until it was agreed they were competent to work alone.

The agency had policies and procedures in place to identify and report abuse. Staff were aware of the policies and their responsibility to the people they cared for. Staff said they were confident any concerns they raised would be dealt with appropriately.

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. However people had experienced inconsistent care due to a shortage of staff. This meant people received care from a variety of different care workers. One person said, "When it is another new person I have to explain it all again before I can go out". Care workers had access to training specific to their roles and the needs of people such as dementia training to help support people with dementia to remain in their own home.

People said they were cared for and supported by care workers who were polite, compassionate and caring. One person said, "I can't ask for better, they really care, and if I need more time they ring the office then stay with me". Another person said, "They are all very polite and treat me with respect".

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

The agency had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's experiences. A regular survey was carried out asking people, their relatives, staff and service commissioners about the service provided by the agency. Suggestions for change were listened to and actions taken to improve the service provided.

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?

Good

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

People were supported to take their medicines by staff who were trained in the safe management of medicines.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care. They were also aware of the Mental Capacity Act 2015 and their responsibilities.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were insufficient staff to provide a consistent team of care workers and people were not always sure what time they would arrive.

Summary of findings

People were able to make choices about who supported them.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

The provider had quality assurance systems in place that had identified shortfalls in staffing levels and put plans in place to ensure care packages were managed.

Quality assurance processes took into account the experiences of people, relatives and service commissioners to improve the service provided.

Somerset Care Community (Mendip)

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.

This inspection took place in the service office on 11 February and 5 March and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

We visited five people in their own home on 12 February. We also arranged for an expert by experience to telephone up 20 people. An expert by experience is a person who has personal experience of using or caring for people who use this type of service.

The provider had not completed a provider information record as we had not requested one. This document enables the provider to give key information about the service, what the service does well and improvements they plan to make. We looked at information held about the service before the inspection date. At our last inspection of the service in July 2013 we did not identify any concerns with the care provided to people. However we have received concerns regarding staff shortages through the winter of 2014/15.

During the inspection we met five people who were receiving care from the service in their own homes; we also spoke with two relatives. A further 15 people were spoken to by the expert by experience over the telephone. We spent time at the main office of the service where we reviewed five care plans, four staff personnel files, records of staff training and quality monitoring records. We met with office staff and people with key roles such as a community customer supervisor, community staff supervisor and a senior planner. We also spoke with an additional nine staff members.

Good

Is the service safe?

Our findings

People told us they felt safe with the care they received and the care workers who came into their homes. One person said, "I feel very safe they are all really nice people. I have never had any reason to be concerned". One relative said, "I am happy with the people who help (my relative) I do believe they are safe".

Before this inspection we had received concerns that there was a shortage of staff. People said they knew the agency had been short of staff but always felt they were safe with the care workers who visited to provide care. One staff member said, "We have experienced some staffing shortages but it is improving with recruitment, we all pulled together to make sure people were safe and received the visits and care they required". Care plans included an emergency plan. The plan clearly stated whether a person required a visit for their safety or if they had alternative arrangements in place if staff were unable to get to them. The plan was discussed at initial assessment with the person.

The risk of abuse to people was minimised because staff received appropriate training in how to recognise and report abuse. Staff spoke confidently of what abuse was and how to report it. All staff said they were confident their concerns would be acted on and reported to the relevant authority. One staff member said, "I have no problems going to the manager or my supervisor. If it doesn't feel right it needs reporting". Staff confirmed they received training in safeguarding during their induction and records showed the training was updated annually

The agency had policies for recognising and reporting abuse and a whistle blowing policy. One staff member said, "I would not hesitate to use the whistle blowing policy and I am confident I would be protected if I did".

Risks to people were minimised because relevant checks had been completed before staff started to work for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. DBS is a service that maintains criminal records which providers can check before employing staff.

Care plans included clear risk assessments relating to people's personal needs and the environment. For example mobility risk assessments identified the number of staff and any equipment that would be used to help a person move. Staff confirmed they received training in the correct use of specific equipment such as hoist and stand aids. One staff member said, "If there is a new piece of equipment we get the training before we are allowed to use it". Care plans showed risks had been discussed and agreed with people at their first assessment. The risk assessments were also reviewed with people when care plan reviews were carried out and if people's needs changed. One person said, "They discussed everything with me from the start. I knew exactly what was put in my care plans and they have discussed it with me since".

Where a risk in the person's environment was identified there was clear guidance for staff, for example when there were pets or trip hazards in the home. All risk assessments included the position of gas, electricity and water shutdown valves/switches. The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record of, and receipts for, all monies handled. People confirmed staff handled their money safely and maintained a clear record.

People who had support with their medication as part of their care package received it from staff who were appropriately trained. One person said, "They are all really good at reminding me to take my tablets". However another person said, "If they are late it means (my relatives) tablets are late then that has a knock on effect for the rest of the day. So then if on the next call they are on time the timing between could be wrong". Staff confirmed that if people had medicines that needed to be taken at a specific time their schedules were managed so they could arrive in time to assist them appropriately. The registered manger confirmed they had previously had occasions when staff had not arrived at the preferred time, however following the rearrangements to travelling times and new staff this was no longer an issue.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us they felt the care workers were well trained and understood their needs. One person said, "They certainly know what they're talking about they must get plenty of training". Another person said, "They do understand my needs and even when I get a new carer they soon learn. I think they get plenty of training as they know what to do".

We spoke with staff and reviewed training records. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling including use of hoists, medication, safeguarding children and vulnerable adults, infection control, health and safety, health and hygiene first aid and nutrition. Records showed most of the staff had attended all the statutory training and dates were advertised for mop up sessions to ensure all staff had attended by the end of the organisation's business year. The registered manager confirmed staff were sent dates for training and if they had not attended two dates offered they would receive a letter explaining that if they did not maintain up to date training they would not be insured to provide care.

The agency also supports a dementia day care service called Petals. Some staff who worked alongside the dementia service also received specific training that enabled them to care for people living with dementia so they could remain in their own homes. They would be able to see people's life history's and attend training such as "Don't Forget About Me", activity training, singing for the brain and end of life care for people with dementia.

All new staff received a thorough induction before they worked with people in the community. A senior staff member explained the induction process had been extended to three weeks, this would ensure all new staff had completed all the statutory training before they cared for people. Following this they would then work with a competent member of staff 'shadowing' their shifts. They would then be supported to work one lone shift for experience and then feedback how they felt before being allocated their own case load. The senior staff member confirmed a new member of staff would not be offered their own case load until they had signed them off as being competent. New staff could request to continue working alongside a mentor until they felt confident working alone. One new staff member confirmed they had completed an in depth induction and had worked with a mentor. They said, "I was impressed with the training it was all very good. I never felt pressurised to get it done and get out there. The mentors were very good and they answered all my questions patiently".

Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "One to one meetings are good because you can talk about things privately that may have concerned you or training you may want to do. Then they also do spot checks and you do not know they are coming to observe how you work and what you know".

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions had their legal rights protected. The MCA provides the 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 is made involving people who know the person well and other professionals, where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that would meet their needs and was in their best interests.

Each person gave their written consent to care when they began to use the service. Amendments or reviews of care were also discussed and signed when recorded on care plans. Staff told us they always checked with people before beginning to support them to ensure it was what the person wanted at that time. During our visits to people in their own home we observed staff asked people before they started to deliver care. One person said, "They always ask even when they knock on the door, they ask first before they come in, they are so polite".

During our visits we observed staff supported people to make their own decisions about the care they received and how they received it. We observed care workers asked people about the meals and fluids they would like for that day. One staff member said, "Our job is to help people stay

Good

Is the service effective?

in their own homes and part of that is to support them in making their own decisions". Care plans also included people's likes and dislike so if they were unable to tell the care worker they were able to read the care plans and carry out the care to their wishes.

Some people needed support to eat a drink as part of their care package; care plans were very clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. A new care plan format also included the "Eatwell plate", Which shows the types of food that make up a well-balance and healthy diet. During our visits to people in their own homes we observed staff prepare meals of the person's choice and staff ensured there was adequate fluids close by for them to drink through the day.

Staff monitored people's health and supported people to access healthcare professionals when necessary. During one visit we observed a care worker contact the health centre to make an appointment for the district nurse to visit. The person said they were very grateful as they would have had to wait until a family member arrived if they hadn't done it for them.

Good

Is the service caring?

Our findings

Everybody we spoke with was very positive about the care they received, one person said "They are a god send; they are so good and caring". Another person said, "The care I have been receiving has been good and they treat me with respect". Whilst another person said, "The carers are very polite, caring and respectful".

During our visits to people in their homes we observed staff had a friendly and caring approach. One visit was full of friendly banter, the person said, "I know I am going have a laugh and a chat when they come". We saw compassionate and caring approaches to providing care and support, with people obviously knowing the care worker and feeling at ease with them. One couple told us, "We don't know what we would do without them even though they are only here for (the one person) they care about us both. They take the time to talk with us and ask how we are."

Some people told us they had regular care workers they had become attached to and knew well. During our visits people named care workers they saw every day or week and spoke highly of their care. However some people said they had a variety of different care workers visiting them. One person said, "I have different carers but don't mind, they all know what I need and treat me with respect".

People confirmed care workers cared for them in a way that respected their privacy. One person said, "It's the little things like they always close the curtains before I go to bed. When I'm having a wash they shut the bathroom door even though we are the only ones in the house". Staff were able to explain how they would support people to maintain their privacy and dignity, such as knocking on front doors even if they had the key code, covering people when delivering personal care and closing curtains. During our visits we observed personal care was carried out in a dignified way with people's preferences for care and support being respected.

Records showed people were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Care plans included a section called 'leave us a message', where people, their relatives or visiting health professionals could communicate with staff.

The agency kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. We read a selection of compliments. They included comments on individual staff and one where the member of staff had "Gone beyond their duties". On this occasion the care worker had noted the person was ill, called the appropriate services and then remained with the person beyond their working hours until they were receiving medical care and felt safe. Another relative commented, "Carers without exception were highly attentive, caring and pleasant". However one relative had stated in a complaint raised twelve months before this inspection that carers had not followed their relative's care plans at all. During this inspection they did say the care workers their relative had now were "ok".

Requires Improvement

Is the service responsive?

Our findings

Most people told us care workers had a good knowledge of their needs and responded in a flexible way to any changes that were identified. However some people said they had experienced a variety of different care workers and some occasions when care workers had arrived later than expected. One person said they didn't like the fact they had one care worker to help them into the bath then later another to help them out. They said, "On one occasion I was left longer than usual I was very anxious and when the water got cool I got myself out".

Before the inspection we had received concerns about the service being short of staff. During the inspection some people told us they had experienced missed calls and late arrivals. One person said, "I have so many different carers and I don't know when they are coming. Sometimes it is around eleven and then it's too late for breakfast". Another person said, "We never know who's coming, we have different carers, they are all very pleasant. Another person said, "When it is another new person I have to explain it all again before I can go out". This meant there was not always enough regular staff to visit people to provide a consistent approach to care. However, one person said, "We don't know what time they will arrive but I am ok with that". Other people were very positive about the improvements they had seen, one person said, "There have been staffing issues but they have got better and the new girls have settled into regular visits".

One staff member said, "We have had some staff shortages and we did complain that travel times were unrealistic. This has improved, they have got some new staff and some staff who left have returned. We just all pull together and try to cover where we can". Another staff member said, "Sometimes I found the time they expected you to get to your next person really difficult. Then you would have a cross person when you arrived late, but they have improved". One relative said, "The travel times for some of the carers are so unrealistic, sometimes they are expected to get between people in five minutes when the journey without traffic can be ten to fifteen minutes. I have raised this with the agency but it appears some people doing the times don't know the area". We spoke with the registered manager who confirmed they had experienced staff shortages but a recruitment drive was being carried out and staffing was improving. They also confirmed travel times had been looked at and senior planners were more aware of the distance care workers were travelling between people.

Those people who had commented on care workers arriving late had explained they understood the reasons. One person said, "They (care workers) can't always know if the person before you is going to need extra care or be ill which could make them late for me and the office always lets me know". Another person said, "They didn't always let you know if they were going to be late but that has improved lately". Whilst another person said, "I did say to the office it was the ridiculous travel times the staff were given that made them late and they listened and that has all changed now, even the girls are saying the travel times are more sensible".

The agency was in the process of introducing a new care plan format. All new people were visited before they started to receive care and an assessment of their needs was carried out. The registered manager confirmed the new care plans were written with the person at the time and scanned to go straight on to the computer. This meant all planners and the out of hours team would have direct access to people's care plans. The original care plan would not need to be removed from the person's home to be copied at the office so the information was available for care workers immediately.

The care plans were comprehensive and included ways of enabling people to remain independent. They included clear information about people's needs, preferences and risks that had been identified. The care plans included a section called "About Me", which included hobbies, preferences, what may worry the person and what mattered most. People told us the care they received could be flexible so they could have extra time or less time as their needs changed. During our visits to people's homes we saw the care workers read the care plans and provided the care in line with the plan. Progress notes also gave a daily record of each visit and recorded in detail the care that had been given. People said they knew about their care plans and had been involved in deciding how their care and support would be provided.

People said they could express a preference for the care worker who supported them. One person said, "I did

Requires Improvement

Is the service responsive?

choose not to have a male carer. The office respected my wishes and I have not had one since". Another person said, "I just didn't get on with one person and asked not to have them and they did it straight away".

People said they felt they could complain if they needed to and that the agency responded to their concerns. One person said, "They give you a number you can ring at the start and I am sure they would listen to me but never had to complain". Another person said, "I was concerned about some of the carers coming to me. I spoke to the office and they sorted it out for me. I was very relieved". Another person said, "One of the carers spoke to me like a baby, I complained and they never came again, they responded so quickly".

One person who had raised a complaint with the agency 12 months before this inspection felt they had not responded appropriately they were in the process of taking further steps to try to resolve the issue. The registered manager said the complaint had been raised before their time but they had attempted to respond and learn from the mistakes made previously.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. Two recent minor concerns which had been handed to team leaders to look into did not show what action had been taken. We discussed this with the registered manager who agreed to put in a further stage for team leaders to complete. This had been done when we met with the registered manager to feedback the findings from our inspection. This meant the registered manager had responded immediately to a shortfall that had been identified.

The agency supported people to be able to transfer between services smoothly, without added stress. Each person had a page in their care plan called a "Hospital Passport". If people needed to transfer between services such as a hospital or a care home for respite care this document would help with the transition giving the hospital or care home the information they would need. This meant people could give information once and not have to repeat it to each different service provider.

Good

Is the service well-led?

Our findings

People, relatives and care workers indicated that their observations regarding staff shortages, and unrealistic travel times had been listened to and steps had been taken to improve recruitment and to adjust travel times so staff would not arrive late to provide care. During the inspection the agency ran an 'open day' recruitment drive. This was to encourage people to visit the office and see what the work involved; unfortunately the open day was not well attended. The registered manager said they would try again but hold the next one closer to the town centre to hopefully attract more people.

The organisation was going through a period of reorganisation. Quality assurance systems had identified planning of care and out of hours as an area that required improvement. As a result senior roles had been developed to enable senior staff to concentrate on their specific areas. For example each geographical area within the agency had a 'community services planner', 'community staff supervisor' and 'community customer supervisor'. Each had their role in ensuring a coordinated approach to people's care. The community services planner was solely responsible for planning the care rotas for each person. They liaised with the community staff supervisor on which staff were available and trained to provide the care; and with the community customer supervisor who met the person, assessed their needs and the care package they required.

Somerset Care Community (Mendip) is run by Somerset Care Community Ltd who are a large organisation with many locations. There are senior managers and peers in place to support the registered manager in Mendip. There were also specialist teams such as human resources available to support specific functions of the service. All the senior posts had very clear job descriptions setting out their roles and responsibilities. They included who they reported to and who they supported. Care workers said they were confident the new roles would work well as they knew who to talk to and who would support them with supervisions appraisals and training needs. One person we visited said, "I know who I can talk to and have their contact details so I have no problems".

The out of hour's service had been centralised, this meant one central office covered the out of hour calls for all the organisations area branches. One care worker said they felt it was not big enough for the work it took on as they had waited 20 minutes for an answer when they called the office for advice when they were unable to access a person's home. Whilst one person who used the service said they had called the out of hour's office and received a quick and helpful response. The registered manager explained once they had the electronic care plans in place for all their clients the out of hours team would have immediate access to information on the computer which would enable them to find details faster. This would mean a faster turnaround of calls turnaround of calls quicker. The nominated individual for the organisation said, following feedback they had increased the staffing levels at the contact centre and calls were being answered more promptly

People and staff said they felt the registered manager was very open and approachable. One care worker said, "I am really confident I could just come in and speak to (the manager) or any of the supervisors, they are really approachable and prepared to listen". Another care worker said, "It has improved, now when we have one to one's or meetings we are able to discuss things and it really feels that they take it seriously and learn from what we say".

The registered manager had a clear vision for the service, that people were supported to remain independent in the own homes for as long as possible. Staff reflected this vision when spoken with; they said they were there to support people but not to take over. One care worker said, "We go into people's homes and that is the main thing to remember. They need to be supported in a way that means they still have control over their own lives". The registered manager also had a vision of providing high quality care within the new organisational structure. They were supported by a team of supervisors who she met daily to keep an overview of staff sickness levels, missed and late calls. She shared any learning from concerns with her senior team and the care workers. One clear example of this is the revision of travel times which was having an impact on both staff and people who used the service.

The provider had a quality assurance system that looked at areas for improvement. Audits for all areas of the service were completed by the registered manager then audited by the operations manager. External audits were carried out by managers from another Somerset Care office and a report written with action plans. These would include a time scale and the person responsible to complete the

Good

Is the service well-led?

improvements. Audits were discussed at senior staff and management meetings to identify trends and learning that could arise. The agency branch managers met with senior staff who would cascade learning to care workers and planning personnel. For example feedback from induction for new care workers had identified that it was difficult to fit all the training and shadow shifts into two weeks especially for staff who had never carried out any care. The organisation agreed to extend the induction to cover six months so shadow shifts and more in-depth training could be accomplished.

People were also supported to share their views of the way the service was run. The agency carried out themed conversations with people around specific areas. They were asked to give a score of one to ten then if rated below ten they were asked what could be done better. One staff member said they felt the conversations were "empowering" as people "opened up and took control of their care". An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. The registered manager confirmed they were in the process of starting a service user's forum so people could be even more involved in the way the service was run.