

Social Care Consortium Ltd

Social Care Consortium

Inspection report

207 Rex House
354 Ballards Lane
London
N12 0DD

Tel: 02039504559
Website: www.socialcareconsortium.com

Date of inspection visit:
16 October 2018

Date of publication:
26 November 2018

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

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. This was the first inspection for the service that was dormant until August 2018. There were three people using the service at the time of our inspection.

The service had 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.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns

Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; and as a result, new staff had remained working for the agency, ensuring that continuity of care was in place for people who used the service.

Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made to people using the service and their relatives to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective

care and support.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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 harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

Is the service effective?

Good ●

The service was effective. The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring. Staff were committed to a person-centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning and decision making.

Staff were approachable and there were regular opportunities to feedback about the service received

Is the service well-led?

Good ●

The service was well-led. The service promoted strong values and a person-centred culture.

Staff were supported to understand the values of the organisation.

Although having an informal process to audit monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings.

Social Care Consortium

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 16 October 2018. The provider was given 24 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

The inspection was carried out by one adult social care inspector.

There were three people using the service at the time of our inspection visit. During the inspection we spoke with one person who used the service and one relative. We also spoke to two care staff, the quality assurance manager and the registered manager.

We reviewed the care records for all three people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for two members of staff, including details of their recruitment and training. We reviewed further records relating to the management of the service, including complaint records, spot checks, policy documents and staff meeting minutes to see how the service was run.

Is the service safe?

Our findings

People said they felt safe and that staff understood their needs. Comments from people included "Safe yes they are very reliable and honest" and "yes she is safe and I feel reassured, they often go above and beyond the call of duty".

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns.

The registered manager visited people in their homes and conducted risk assessments on the safety of the person's home environment. Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility and medicine management. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files showed that appropriate checks had been carried out before staff started work. They included two reference checks, Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, to ascertain if they are suitable to work with adults and children.

There were sufficient staff employed to keep people safe. People told us that staff visits were punctual and there had been no recent missed calls, people were always informed if a carer was running late. A relative told us "they are very efficient and always turn up." The registered manager explained that the service was looking to become an approved provider by the local authority which meant the service was actively looking to recruit more care staff. The registered manager however stated that they would not take on any more work until new staff had been recruited. They told us "We will only take on new clients if we are confident we can deliver the care, staff must match the needs of the clients."

The service's visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. People told us their carers normally arrived on time and provided support at a relaxed and comfortable pace.

At the time of our inspection, staff did not administer medicines to any of the people they supported. The service had a medication policy and medicines administration charts were also available.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service maintained a book to record incidents and accidents to monitor trends and keep people safe. At

the time of our inspection there had been no reported incidents or accidents.

Is the service effective?

Our findings

People were supported by a staff who had a good understanding of people's needs. A person using the service told us, "They are experienced and I trust them."

Key areas of mandatory training were provided by the management team this included safeguarding, manual handling, fluid and nutrition, hygiene and infection, brain injury and care records. The management team were both trained occupational therapists (OTs) and had extensive knowledge of manual handling techniques. The registered manager told us that when the service grew they would ask a training company to carry out the training.

Staff told us they received regular supervision, and they were well supported in their roles. A care worker told us, "I feel that I am supported they [local management team] are very pleasant people."

In addition to supervision meetings, staff were regularly observed whilst they provided care to people. However, we found that that supervision sessions had not been recorded in staff files. We discussed this with the registered manager who told us that they were in the process of updating their supervision policy which would include a supervision template to ensure accurate recording of supervision sessions.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Care workers understood the importance of supporting people to make decisions and remain independent. They could tell us how they obtained consent from people before they provided personal care. One care worker said, "we must always ask people for their consent before doing anything and always give reassurance."

People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision. For example, they told us of a person who was refusing to brush their teeth. "It was her choice and we have to respect that but we discussed it with her son."

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or OT. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service.

We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. A care worker told us "she likes toast on the grill with a little bit of butter and cherry tomatoes chopped in slices."

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and found them to be kind and caring, comments included "I am happy with the care, they are always kind. "And "I am very happy with the staff some are extra special."

Everyone said they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. Staff spoke of the people they supported with a genuine fondness and respect and encouraged people to be as independent as possible. They told us how they ensured they did not rush people and allowed time for people to do what they could for themselves. A relative told us "my mother has really improved since she has had these carers, they are all very kind."

A care worker told us "I always encourage people to be independent and let them do as much as they can for themselves."

People who used the service confirmed that they usually had their needs met by familiar staff and that they always knew who was going to be visiting them. Staff was motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "I close the door and don't let anyone interrupt, I reassure people that's important."

The registered manager told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care; a care worker told us she how she had been trained in how to follow Kosher meal preparation for a person who used the service. Care workers told us that they had received equality and diversity training and said that they would treat all people the same.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support.

We saw that regular visits and phone calls had been made by the management to people using the service

and/or their relatives to obtain feedback about the staff and the quality of care provided.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a person centred way.

The service completed an assessment for each person by visiting them to develop a person-centred care plan. This included information of the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

All the care plans provided staff with clear guidance on how to meet the person's individual care and support needs. Staff were provided with details of the level of support the person normally required during each planned care visit and guidance on supporting people to be as independent as possible.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "I'm fully involved, I attended the assessment."

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with other carers due to make subsequent care visits.

The provider had a policy to review care every six months, but as the service had not been operating for six months, reviews had not taken place at the time of the inspection. The registered manager told us that these reviews would be based upon the views of people and their representatives. The provider was continually updated by contacting all people who used the service on a regular basis.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

We found that feedback was encouraged and people we spoke with described the managers as open and 'transparent'. People we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service was flexible and responded to people's needs. People told us about how well the service

responded if they needed additional help. For example, one person said, "They've been excellent, so patient, and they go the extra mile including massaging my feet."

People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. There were systems in place to record complaints, there had been no complaints made since the service had become operational.

Is the service well-led?

Our findings

People who use the service and their relatives told us they had a good relationship with the registered manager and people told us they felt confident the service was well-led. Comments from people included, "I think it's well led they are friendly people". And "They are excellent I would recommend this agency."

The registered manager told us that their priority was to recruit staff "of the right calibre" and that this had proved difficult, so as a result the service had stayed small.

Our discussions with staff found they were motivated and proud of the service. People were positive about the staff who cared for them and felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Although having an informal process to monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified. There were systems in place to monitor the service which ensured that it was delivered as planned.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook unannounced spot checks to review the quality of the service provided and to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. These included checks designed to ensure daily records accurately reflected the care provided, that the environment was safe for the person and their care staff. Care plans and risk assessments were also checked to ensure they reflected the person's current care

Care staff told us they received regular support and advice from their managers via phone calls, face to face meetings and staff meetings. They felt that the manager was always available if they had any concerns. Comments included "it's very well-led, when I have questions they always answer them.". And "They are very supportive and always responsive if you have any issues or concerns."

There were on call systems in place to support people and care staff outside of office hours. Staff told us these systems worked well and that they were always able to access support when needed

The service worked in partnership with other agencies to support care provision and development. The registered manager told us they would be attending a local authority's providers meetings and network with other similar providers

The registered manager was committed to continuous learning for themselves and for their staff. They had ensured their own knowledge was kept up to date and were passionate about providing a quality service to people.