SMART Care Plus Limited

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Inspection report

SMART Care Plus Limited
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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

The inspection took place on 16 December 2015 and was announced.

Smart Care Plus Limited provides care and support to people living in their own homes. The provider was supporting 15 people at the time.

A registered manager was 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.

We found that three staff members were employed with positive Disclosure and Barring (DBS) checks in place consisting of convictions and cautions of a serious

Summary of findings

nature. The provider had not effectively identified the risks involved to people who used the service. Neither could the provider ensure that the staff members were of good character and safe to look after people.

We found that Medication Administration Record (MAR) charts had not always been completed accurately by staff so it was sometimes difficult to know if the correct medication had been administered for that person at the time it was prescribed for.

The Mental Capacity Act 2005 sets out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff understood people's ability to consent and people were supported to make decisions wherever possible. People and/or their representatives had consented to their care.

People told us and we saw that staff knew the needs of the people they were supporting and knew how to keep people safe. Staff had the skills and training required to meet people's needs. People told us and we saw that staff were kind and caring. Staff supported people with respect and dignity.

The provider responded to people's individual needs, including diverse needs, and people received person centred care and support. People and relatives felt involved in their care and felt they could raise any concerns they had with the registered manager.

People who used the service, staff and relatives felt that the registered manager was approachable and supportive. There was a quality monitoring system in place which included carrying out spot checks on staff and asking people for their feedback. We saw that the provider had made improvements where these were required.

We identified that the provider was not meeting some of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we inspect against and improvements were required. You can see what action we have told the provider to take at the back of the full version of the report.

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 consistently safe.

People were at risk of harm because not all staff were of good character and safe to support people in their own homes.

People may not always receive their medication as prescribed.

Individual and environmental risk assessments were in place and updated to ensure people's current care needs were met.

Staff knew how to raise concerns about poor practice and abuse.

Requires improvement

Is the service effective?
The service was effective.

Staff were trained to deliver care and support to people and were aware of people's needs.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005.

People's health care needs were monitored. Timely referrals to health care professionals were made when people's needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind with people.

People and their families felt involved in making decisions about their care and support needs.

Good

Is the service responsive?
The service was responsive.

People received care and support in the way and at the time they wanted it.

People's preferences were taken into account in respect of how they wanted their care and support delivered.

People and their families knew how to raise concerns and the provider acted on information received.

Good

Is the service well-led?
The service was not consistently well-led.

The provider did not have adequate systems in place to ensure that all staff were of good character and safe to support people.

Requires improvement

Summary of findings

People who used the service, relatives and staff felt supported by the registered manager.

The quality checks in place helped to bring about some improvements for people.

Smart Care Plus 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 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.

The inspection took place on 16 December 2015. 48 hours notice of the inspection was given because the service is small and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be available to assist us with the inspection.

The inspection team consisted of two inspectors. The inspectors accompanied staff on visits (three visits each) to people's homes during the morning. This had been arranged by the registered manager beforehand. The inspection then continued at the office following the visits.

We met with four relatives. We observed how staff cared for the people in their own homes. We looked at how staff kept records of the care. We looked at these records and care plans in people's homes and then looked at the care records for the same people at the office to ensure they matched.

We met with five care staff during our morning visits and then met with the registered manager and business manager at the office.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users that the provider is required to send to us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff recruitment files, staff rotas, incident, accident and complaints records and minutes of meetings. Flowing the inspection we requested more information from the provider in respect of staff recruitment procedures.

Requires improvement

Is the service safe?

Our findings

People were at risk of harm as staff had convictions that meant they may not be safe providing care to people in their own homes. We looked at six staff recruitment files and saw positive Disclosure and Barring Service (DBS)checks for four staff. In respect of three of these staff members there were convictions and cautions of a serious nature. We saw the provider had completed risk assessments in respect of these staff members. However these did not contain specific details of how the provider ensured each staff member was of good character. Following the inspection visit we asked the registered manager for more information about this and they sent us updated risk assessments. However, these lacked detail as to how the provider could evidence the character of the person. For example it said that staff would receive extra supervision but there were no planned dates for this. Also there was no record where the registered manager had held discussions with the staff member to explore the details of the offences. The registered manager could therefore not provide evidence that these staff members were of good character and safe to work with people who used the service.

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

We saw that Medication Administration Record MAR) charts had not always been completed correctly by staff. For one person we saw that staff had not signed for medication administration on five occassions. The medication was not in the blister pack and the person said, “The girls always give me my tablets”. The staff member said, “I am sure [person’s name] has received their medicines but the staff member must have forgotten to sign for it”. We also saw eye drops with no date of opening recorded. The eye drops said, “discard after 28 days from opening” so there was no way of knowing when the 28th day was. Also for this person their medication was prescribed to be given at 4pm but the person was not due to have a visit until 6pm. We discussed this with the registered manager who told us they would review visit times and medication issues to ensure that the person received them as they were prescribed.

Each person had their medication needs assessed. People who required help to take their medicines were assessed as to how much help they required. One person we saw did not need any help from staff as their relative ensured they received their medicines. Another person needed reminding about their medication but was able to take this themselves. The extent a person required help to take their medinies was recorded in their care plan. Records showed that three courses of anti-biotics had been prescribed for a person (administered by their relative) and that the GP and district nurse were visiting that day to review the person’s care. Although not directly involved, staff were aware of this information and they disussed this with relatives.

Staff told us they had received training in medication and felt confident to offer people the assistance they required. A staff member showed us how medication was stored safely in people’s homes. For one person this medication was locked away in a cupboard and staff had the key. The staff member said, “We have to lock this person’s medication away because the person is very confused and was taking more tablets than they should have done and/or was taking them at the wrong time and we were unsure as to what time the person had taken their medicines”. This was documented in the person’s care plan.

People who used the service told us they felt safe with the staff who looked after them. A person said, “The staff know how to move me. I always feel safe”. A relative said, “The staff are very good they work in pairs because [person’s name] needs two staff to use the hoist”. We observed staff using moving and handling equipment with people confidently and according to the person’s care plan. Staff told us they had received training in health and safety including how to move and handle people safely.

Clear care records detailed the care and support required for each person. A person’s care plan contained detailed information for staff on how to keep a person safe, including, “What you must do to keep me safe” and “Areas of high risk for me”. We were able to check that staff followed care planning information in the tasks to be carried out. These were summarised in clearly written notes by staff at the end of the visit. We were able to see that equipment was used by staff in the way it was intended. Staff carried adequate quantities of personal protective equipment to protect people from infection. This ensured that people were safe and staff followed the clear instructions for moving and handling and providing personal care for people. Waterlow assessments were in place to identify people’s level of risk of pressure sores.

Requires improvement

Is the service safe?

Staff understood when people were at risk of harm. A staff member said, “I report anything I am not sure about to my manager, such as if I think someone could be starting with a pressure sore”. A relative said, “Staff are very good at highlighting problems. For instance [named person] developed red marks on their neck and the staff reported it straight away and brought it to our attention”. Another relative told us about a medical problem which their relative had developed. They said, “The staff pointed this out to me. They are very good like that and seem to pick up on things quickly”. Records confirmed that people’s individual and environmental risk assessments were kept up to date and changed when a person’s needs changed. An environmental assessment had been completed to identify any safety issues that may affect the support the person received. For example an assessment recorded the procedure for the use of oxygen 15 hours per day that was piped into the person’s home, giving instructions about when and how staff needed to provide the oxygen to the person.

Staff knew how to raise concerns about abuse and poor practice. Staff we spoke with told us they had received training in how to recognise and report any suspected abuse and were able to provide examples of what could constitute abuse. A staff member said, “We have the training on safeguarding when we first start here and then you have updates”. Staff we spoke with were also aware of the Whistleblowing policy and procedure and said they felt sure they would be supported by the manager if they needed to raise any concerns. The registered manager was aware of their responsibilities in making safeguarding referrals to the relevant local authority. Local safeguarding procedures including contact details were clearly displayed for managers and staff to refer to.

Good

Is the service effective?

Our findings

People who used the service thought that the staff had the skills to meet their needs. A person said, "I think the training must be adequate because they are all very good". Staff we observed on home visits told us they were happy with the training that they had received from the provider. One outlined the induction training they had received and other staff said that they were commencing training in relation to the care certificate. A relative said, "[staff name] is a new lady and she came out shadowing other staff at first. She is very good". Staff told us of the facilities in the provider's office for training in moving and handling. Staff said equipment was used to demonstrate how it should be used and they had practical hands-on training in this important area. When we visited the office we saw these facilities and how it was set up to offer staff practical training. Staff said that when they asked for specific training it was provided. An example was a request for dementia care training, which we saw had been arranged to take place in the next few weeks.

Staff confirmed that supervision was arranged three monthly with one of the senior staff and we saw supervision sessions documented in staff files. Staff also received further supervision in the form of on the job spot checks. Spot checks had been carried out by a care co-ordinator and the registered manager and recorded. A staff member said, "I don't mind the spot checks because it helps to keep me on my toes and to make sure we keep the standards high". A relative said, "Oh yes they get checks carried out sometimes we have seen them do this".

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. We spoke with staff about the MCA and they understood their responsibilities under the Act. We saw staff worked closely with the relatives of people they lived with to ensure correct decisions were made. We saw and heard staff seeking consent for care before and as care and support was being delivered. Staff had skills to communicate with people who were not always able to express their views or consent. We saw a communication plan stating a person would wave their left hand if they needed a particular intervention. In the person's support plan this advised staff how to communicate with the person and to speak slowly and clearly facing the person.

We saw where a person whose first language was not English they had had a mental capacity assessment carried out. This had been carried out by an assessor who spoke the same language as the person. The person had been assessed as having capacity to make most decisions. We heard staff asking the person how they would like their care. They said, "Would you like to go to the bathroom now [person's name?]". Their relative said, "The girls are marvellous. They know how [person's name] likes things done. They never rush [person's name] which is so important to them".

Food and drinks were provided by relatives living with or near to people we visited. Staff were therefore not always directly involved in food provision, although we saw reference in records to prescribed supplements or diet that were dealt with by relatives.

Care records contained detailed information about people's diagnosed medical conditions and the actions staff were required to take to maintain good health. A person who developed a pressure area to their foot was seen and had wound care managed by the district nurse. Support records showed that protective soft boots were provided for pressure relief when in bed and an inflatable protective boot when sitting for a short time in a chair. These were changed during the visits we observed. The relative told us that a cushion separating the person's legs/feet was always put into place by staff at night as stated in the support plan. Other people and relatives told us that staff acted quickly when their needs changed and/or they became unwell. Staff confirmed that they would never leave a person who was unwell without first seeking help for them. They said they would ring the office for advice and/or ring a doctor or would telephone 999 if they had to.

Good

Is the service caring?

Our findings

During our visits to people's homes we observed positive, relaxed and friendly relationships between the people being supported, their families and the staff.

We saw how a staff member encouraged a person with personal care who was feeling unwell . The staff member helped the person and said "[person's name] you have really done well this morning. I know you are not feeling well. What day is it? If we can brush your hair and clean your teeth we can open the blinds and see that robin on the tree and then have a cup of coffee". Positive encouragement was given by the staff member. The relative told us, "They (staff) are excellent with [person's name]. They usually sing and dance with [person's name] but [person's name] is not well today. They can usually get [person's name] to do anything. The GP is coming later."

In another call a person was assisted to rise with some difficulty. The staff member said, "[person's name] I have told [their relative] how well you have done today I think it is really good. We will be back later to see how you are doing". This left the person with a smile on their face. These situations were handled well by staff who had good skills in providing support in an atmosphere of sensitivity while achieving the care goals.

We saw that people were given the privacy they needed at the same time being treated with dignity and respect at all times. For instance, even though care was carried out in the person's own home staff were mindful to shut doors and draw curtains and speak sensitively to people about their personal needs. We heard staff talking kindly and with dignity and respect to a person whilst helping them to take a shower and get dressed. A staff member said to the person they were helping, "Right are you ready now [person's name]? Are you ready to sit down? Take your time now, that's right, well done". The person told us, "I love my carers". They then went on to name each staff member who looked after them. Another person said, "Using this Agency is the best thing I have ever done. The staff are marvellous".

A relative of a person with diverse ethnic needs said. The staff really know [person's name] well. They know what is important to them. They know that [person's name] will only have female care staff. This is so important to them because of their culture". We saw that a male staff member had to wait in the car outside whilst two female staff went in to support the person with their care. The registered manager said, "When we took the person's care package over we didn't know at first that they would only have female care staff but we soon changed the staff rota around to accommodate them".

People and their relatives thought that staff communicated very well with them. A relative said, "The staff are really good at keeping you informed about changes. They always let you know which staff are coming. We are given a rota with the staff names on and if there are any changes they let you know". Another person said, "The care staff always arrive around the time they say they will and stay for the time they are supposed to. Sometimes they stay over to make sure I am ok".

Good

Is the service responsive?

Our findings

People had had their needs assessed by the provider prior to being offered a care package. Care plans had been established from the assessments. Two people were able to tell us they were involved in their pre-service assessments. All the relatives confirmed they had been involved in the completion of care plans and felt involved in the process. A relative said, "We were involved right from the start and continue to be very much involved in [person's name's] support plan".

In records in people's homes we saw a 'Life history' giving a detailed social history of the person. A social and psycholcological assessment gave information about people's needs and choices and how they wished to be supported. People told us they had been asked their gender preferences for care and that these had been respected. A relative told us, "The manager is marvellous she came out to see [person's name] to see how they liked their care delivered and any preferences". The relative said, "I was amazed that the manager actually came out to care for [person's name] for the first few weeks so that she was aware of what they needed. I think this was very good".

People who used the service and their relatives thought that they received care that was person centred and geared to meet their individual needs. A staff member explained how they carried out a bathing procedure with a person who was agitated about this. They said, "We stopped what we were doing a couple of times just to let [person's name] calm down. Now [person's name] has learned to trust us and we don't usually have a problem". Another relative told us that the provider responded to the needs of her relative. She said, "I have rang the office before her usual visit time and said, 'Can you come now please? I think [person's name] needs you now?' and they came earlier". People told us that staff took their time according to people's needs. A relative said, "Sometimes [person's name] takes longer. The staff don't rush her".

People and relatives told us that they were highly satisfied with the service provided by the agency and spoke highly of staff. A relative told us that they received the same two staff members "8 times out of 10". Relatives told us that staff always telephoned if they were going to be late. During our observations carers were ten minutes late arriving at a call but had telephoned ahead to say so. The relative said "They always phone if they are going to be late, but what is ten minutes? I am more than happy with the service".

There was a formal complaints procedure in place and people had a copy of this in their homes. Relatives told us they were aware of the provider's complaints procedure and were able to say how they would make a complaint if they wished to do so. A relative said, "If we had any concerns we would speak with the manager and she would sort it out. There is no problem". We saw that the registered manager had recorded a complaint she had addressed which had been referred as a safeguarding. This was in respect of some missed calls. There was a written response and investigation and outcome in place including improvement action.

Requires improvement

Is the service well-led?

Our findings

The registered manager was responsible for the recruitment and employment of staff. When we looked at records relating to staff recruitment we were concerned that three staff members were working for the service with positive DBS checks in place. These contained serious concerns regarding convictions and cautions in respect of the three staff members. When we checked we saw the the registered manager had not effectively assessed, monitored and mitigated the risks relating to the health, safety and welfare of people who used the service. There were risk assessments in place for each of the staff members but these did not provide an adequate assessment of the risk or clear plans to make sure that people were kept safe. We identified that there had been little discussusions around each criminal offence with the staff members. We also saw that risk assessments did not give clear information about the person nor provide a plan to protect people from the risks of the disclosed information. Following the inspection visit we asked the registered manager for more information about this and they sent us updated risk assements. These were still inadequate in ensuring that people who used the service would be kept safe. For example it said that the staff would receive extra supervision but there were no planned dates for this. The registered manager could therefore not provide evidence that these staff members were of good character and safe to work with people who used the service.

This is breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives told us the registered manager was approachable, friendly, open and helpful. A relative said, “The manager is marvellous. She often rings up to see how we are doing and if we have got any problems.” People knew how to raise concerns and felt that they could ring the office and that the registered manager would come out to discuss it with them.

We saw records in the office of telephone surveys for people or their representative following packages of care being established. A face to face qulity assurance reviewwas undertaken six weeks after packages of care commenced. This was where the registered manager or business manager visited people who used the service to identify if they were satisfied with their support package. Two relatives confirmed that this took place. One relative said “The business manager dropped in to us one day as he was passing and just wanted to see if everything was ok”. There were three monthly reviews of care and satisfaction questionnaires sent to people using the service and relatives. An example we saw recorded:”I am wholly satisfied with all aspects of the care I receive. It is always carried out with kindness and respect”. An example of actions from surveys was that weekly lists of named carers was sent to people following a request in a questionnaire.

We saw that the registered manager had made improvements when required. We saw a record entitled “Service users start, end, missed and cancelled calls”. This information recorded new services provided, when and why they ended and any missed or cancelled calls. Two calls had been missed due to a communication error, an apology had been given and action taken to avoid a repeat in the future. The reasons for cancelled calls were recorded, for example due to family involvement or admission to hospital. This confirmed what people had told us, that there were no missed calls.

Staff felt supported by the registered manager and each other. A staff member said, “This is a lovely staff team we all support each other and work together”.

The registered manager was aware of their legal responsibilities in relation to making notifications to the Care Quality Commission. The manager had kept us informed of any events in the home and we had received required notifications from the manager and provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(Regulated Activities) Regulations 2014 **Good Governance which states(2)(b)** Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to -- assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity **How the regulation was not being met**: Three staff members were employed with positive DBS checks and unsatisfactory risk assessments in place. The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people who used the service

The enforcement action we took:
We issued the provider with a Warning Notice in respect of the above regulation

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 1.** Persons employed for the purposes of carrying on a regulated activity must— be of good character **How the regulation was not being met**: Three staff members were employed with positive CRB checks. The provider had not ensured that these people were of good character to support people in their own homes.

The enforcement action we took:
We issued the provider with a Warning Notice in respect of the above regulation