

Smart Care Services NW Limited

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Inspection report

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Tel: 01925629919

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 20 July 2018 and was announced.

Smart Care Services NW Limited is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of the inspection the registered provider was providing support to 147 people.

Not everyone being supported by Smart Care Services NW Limited received personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', help with tasks relating to personal hygiene and eating. We also take into account any wider social care provided.

There was a registered manager in post at the time of the inspection. A 'registered manager' is a person who has registered with CQC 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.

This was the first comprehensive inspection of Smart Care Services NW Limited since their registration with the Care Quality Commission in April 2017.

Quality assurance and governance systems were not effectively in place. Audits and checks were not assessing, monitoring or identifying areas of improvement that were needed. We found care plan and risk assessment audits to be ineffective, records and documentation were not appropriately completed and processes to gauge feedback needed to be developed.

You can see what action we told the provider to take at the back of the full version of the report.

Medication management procedures were in place and staff were familiar with the importance of complying with medication policies. Staff were trained in the administration of medication and 'spot checks' were completed to monitor and assess the competency levels of staff. Topical (medicated) creams were safely applied and people were administered the medication they required. We did identify that PRN ('as and when' needed medication) protocols needed to be reviewed.

We recommend that the registered provider reviews their PRN policies and procedures, ensuring people receive PRN medication in the safest way.

Care plans and risk assessments were in place and staff were familiar with the support needs of people they were supporting. We received positive feedback from people, relatives and healthcare professionals about the level of safe care that was provided and how risks were managed.

Recruitment processes were safely in place. The registered provider ensured that staff who were employed were suitable to work with vulnerable adults. Disclosure Barring and System (DBS) checks were conducted

prior to employment commencing.

Staffing levels were safely managed and people received the level of care and support expected. We were informed that all scheduled support visits took place and staff 'generally' arrived on time. Relatives and people who received support said that staff would always inform them if they were going to arrive later than expected.

'Accident and Incident' reporting procedures were in place. There was an up to date 'Accident Reporting' policy and staff were familiar with the necessary reporting procedures. The registered provider ensured that all incidents involving people who were supported, medication and safeguarding were routinely recorded and trends were established accordingly.

Staff were knowledgeable in the area of safeguarding and whistleblowing procedures. Staff had received the necessary safeguarding training which meant that people were protected from harm and abuse. Staff knew how to report any concerns and who to report their concerns to.

Health and safety policies and procedures were in place. Staff were provided with personal protective equipment (PPE) and they were aware of the different infection prevention control procedures that they needed to follow. The registered provider ensured that staff were provided with uniforms, aprons and gloves.

During the inspection we checked to see if the registered provider was complying with the principles of the Mental Capacity Act, (MCA) 2005. People's ability to make decisions about the care they received was considered in line with principles of the MCA. However, we identified that 'consent' to care documentation needed to be reviewed and updated.

Staff received regular supervision and told us that they were thoroughly supported in their roles. All new staff had to complete a five-day induction where both mandatory and specialist training was provided. Support was provided by external healthcare professionals such as GP, social workers, district nurses and dieticians. People received a holistic level of care which supported their overall health and well-being. We also received positive feedback from the healthcare professionals we spoke with during the inspection.

People's nutrition and hydration needs were supported. Staff were aware of people's preference with regards to eating and drinking, as well as any associated risks. The appropriate referrals were made to external healthcare professionals and the relevant guidance was followed.

We received positive feedback across the course of the inspection from everyone we spoke with. People, relatives and healthcare professionals all confirmed that the care provided by Smart Care staff was kind, caring and respectful. People felt that they received dignified care and they were able to build positive relationships with regular staff who supported them.

The registered provider had a complaints policy in place. We reviewed how complaints were reviewed and if these were responded to in line with the registered providers policy. We found that complaints were effectively managed and responded to in accordance with policy. People and relatives explained that if they did have any complaints or concerns they could confidently speak to staff or managers.

'End of life' support was provided to people who were at the end stages of life. At the time of the inspection there was nobody who was supported with this level of specialised care. However, staff received 'end of life' training as part of the five-day induction.

The registered manager ensured that team meetings regularly took place and effective communication systems were in operation. People told us that they were always updated with significant information and there was a collaborative approach to care that people received.

The registered provider had a variety of different policies and procedures in place. Policies contained relevant information and guidance for staff to follow. Some of the policies we reviewed included health and safety, safeguarding, lone working, whistleblowing, equality and diversity, medication administration and manual handling.

Staff expressed that they felt supported by the registered provider and the registered manager. Staff said that there was an 'open door' policy and they could access support whenever they needed it.

The registered manager was aware of their regulatory responsibilities and understood that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

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.

Medication management procedures were safely in place.
However, PRN processes were not well developed.

Care plans were in place and risks were safely managed.

Accident and incidents were routinely recorded and trends were established.

Recruitment was safely managed and there was enough staff to provide the level of safe care and support required.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act (2005) were followed accordingly; people were involved in the day to day decisions that were made in relation to the support that was provided.

Staff were expected to complete a five-day induction course and were provided with a variety of different training courses to support them in their roles.

People's nutritional and hydration needs were effectively supported.

Is the service caring?

Good ●

The service was caring.

People expressed that they received kind, dignified and respectful care.

Relatives said that they observed compassionate care being delivered to their loved ones.

Confidential information was safely stored and protected in line with General Data Protection Regulations.

Is the service responsive?

Good 

The service was not always responsive.

A person-centred approach to the care was not always evident in the care records we reviewed.

There was a complaints policy in place and people were aware of the complaints process.

End of life training was provided as part of the five-day induction course.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Quality assurance systems were not always effective. The quality and safety of care was not effectively monitored and areas of improvement were not always addressed.

There was a registered manager in post at the time of the inspection.

Policies and procedures were in place and contained the relevant information and guidance for staff to follow.

Smart Care Services NW 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 19 and 20 July 2018 and was announced.

The provider was given 48 hours' notice prior to the inspection visit. Prior notice is provided because the location provides a domiciliary care service and we needed to be sure that staff would be available throughout the course of the inspection.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Smart Care Services NW Limited. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We contacted commissioners and the local authority prior to the inspection. We used all of the information we received to complete a 'planning tool' prior to the inspection. This helped us to plan how the inspection should be conducted and if there was any key areas we needed to focus on.

During the inspection we spoke with the registered provider, registered manager, seven members of staff,

one training consultant, four healthcare professionals, three people who were receiving support and six relatives over the phone.

We also spent time reviewing specific records and documents, including six care records of people who were receiving support, six staff personnel files, staff training records, medication administration records, audits, complaints, accidents and incidents, health and safety records, action plans, policies and procedures and other documentation relating to the overall management of the service.

Is the service safe?

Our findings

We received positive comments from people and relatives about the level of safe care provided. Comments received from people included, "I'm pleased, I see familiar faces, which is a bonus" and "Yes, I get the support I need, they're [staff] all great and very caring". Relatives said, "[Person's] health has improved since receiving care" and "We all really work well together, they [staff] know [person] really well."

The registered provider had a medication administration policy in place. This contained important information and guidance for staff to follow. Staff received the necessary medication training and medication competency assessments regularly took place. Medication administration records (MARs) were completed by staff and the necessary codes were used to indicate why the person had not been administered the required medication.

Medication audits were completed and identified areas of improvement. The audits checked individual MARs, record keeping and medication administration processes. We reviewed medication that could be administered 'as and when' the person required it, known as 'PRN' medication. PRN medication can be administered by staff when it is requested and it is apparent that the person requires it. However, medication protocols did not clearly indicate why people were administered PRN medication or any instructions that needed to be followed regarding PRN medication. PRN protocols were not safely established which meant people were not administered PRN medication in the safest possible way.

We recommend that the registered provider reviews PRN practices to ensure PRN policies are safely followed.

We reviewed six care records during the inspection. Each care record contained a schedule of support each person received, referral paperwork from the local authority and care plans which outlined support people required. We also checked the range of risk assessments which were in place and how these risks were safely managed. Risk assessments and tools which were in place included moving and handling, medication, nutrition and hydration and continence.

The range and level of information varied in each care record we reviewed. Some of the records we reviewed provided a basic level of detail in relation to the support required and the management of risk, although it was evident across the course of the inspection that people were safely supported and staff were familiar with the range of different risks that needed to be managed.

The referral paperwork from the local authority contained information about the general level of health and well-being of people who required support. Information included past and present medical conditions, schedule of support required and external healthcare professional input. Care plans and risk assessments were formulated based on the referral information received.

'Accidents and incident' were routinely reported and there was a record of all accidents and incidents which had occurred. Staff were familiar with the reporting procedures and the necessary paperwork that needed

to be completed. The registered manager analysed the level and amount of accidents and incidents which occurred and established trends over a period of time. This meant that identified risk was mitigated and the registered provider was responsive to extra support needs that were needed.

We received positive feedback about staffing levels. People and relatives, we spoke with told us that staff generally arrived at the scheduled times and their support calls were never missed. The registered provider told us about the introduction of a 'call monitoring system'. 'Call monitoring' was implemented so the registered provider could monitor that scheduled visits were taking place and staff were supporting people for the scheduled amount of time. Since implementation, the registered provider told us that punctuality had significantly improved and all support visits took place. This meant that people were receiving the level of care and support which was required.

We reviewed the registered providers recruitment procedures and found these were safely in place. Staff files contained application forms with detailed employment history and qualifications, appropriate references, photographic identification, as well as the appropriate Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. Such checks assist employers to make safer decisions about the recruitment of staff. Where necessary, the registered provider ensured that relevant risk assessments were completed to monitor and assess applicants when criminal disclosures had been identified. This meant that the registered provider was committed to safe recruitment practices and ensured people received care and support from suitable and appropriate staff.

'Safeguarding' and 'whistleblowing' procedures were in place. There was an up to date adult safeguarding and whistleblowing policy and staff had received the necessary safeguarding training. Staff explained their understanding of what safeguarding and whistleblowing was, what concerns they would raise and who they would report their concerns to. This meant that staff were knowledgeable in ensuring that people who were supported by Smart Care Services NW Limited were protected from harm and abuse.

Each person had an individual 'environmental risk assessment' in place. Risk assessments identified potential hazards and how these needed to be safely managed. Hazards which were assessed and managed included external pathways, fire safety, personal security, floors and stairs, electricity and pets. This meant that potential environmental hazards/risks were identified and safely managed, protecting people from harm.

The registered provider had an infection prevention control policy in place. Staff were provided with uniforms and necessary personal protective equipment (PPE) was made available. This meant that personal care was provided in the safest and most hygienic way possible. Staff also expressed that they understood the importance of complying with infection prevention control measures in order to keep people safe.

Is the service effective?

Our findings

We received positive comments regarding the effectiveness of the care provided. Comments we received from people included "They [staff] come three times a day and know me very well", "The staff are very good and there's consistent staff too" and "They're all dedicated, I have no concerns at all." One relative said, "The carers are great, they all help with shopping and anything else [person] needs." Healthcare professionals said, "The staff are very familiar with them [people] the staff are very approachable, they follow instructions and follow up on any concerns. There is great partnership working" and "They're all really approachable and staff have a very personable approach."

All new members of staff were expected to complete a five-day 'induction'. The induction period focused on practical and theory based training as well aspects of 'The Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training.

As part of the induction, staff were provided with information about the role of a Smart Care 'care worker' as well as the values and principles of the organisation. Staff completed training around manual handling, administration of medication, mental capacity awareness, infection control, health and safety, food hygiene, equal opportunities and inclusion. As well as other training courses which focused on emergency first aid, de-fibrillation, sepsis, dementia awareness and epilepsy awareness.

Staff were expected to complete 'shadow shifts' (working alongside more experienced members of staff) before they provided one to one personal care. Staff said that they found this process helpful and beneficial for their own learning and awareness.

Staff expressed that they were supported by the registered provider and registered manager. Staff received regular supervisions and supported with mandatory and specialist training to support their roles. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Comments we received from staff included, "The support is always there whenever I need it", "I've made friends here, everyone is great, there is lots of support", "It's great, I've learnt lots since being here" and "I know I can ask for extra support when I need to."

We reviewed if the registered provider was complying with the Mental Capacity Act, 2005 (MCA). The 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their 'best interests' and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People were involved in the care being provided and were encouraged to make choices in relation to the

day to day care they received. This meant that the registered provider was complying with the principles of the MCA and ensured that people who received care were fully involved in the decisions made. Where legally able to do so, family members were involved in 'Best Interest' decisions in relation to the care and support which was provided. However, we did identify that 'consent' documentation was not appropriately completed in the care records we reviewed. We discussed our findings with the registered provider who agreed that 'consent' documentation needed to be reviewed and updated.

People received holistic support in relation to their health and well-being needs. Support was provided by social workers, community nurses, occupational therapists, GPs, dieticians and district nurses. Staff followed the necessary guidance provided by healthcare professionals which meant that people were effectively supported with the care and support required. One healthcare professional said, "Staff are very responsive, they follow instructions and raise concerns when they need to and I've received feedback from [people] that they're happy with the support they [staff] provide."

People received support around their nutrition and hydration needs. Staff were familiar with the necessary guidance that needed to be followed and clinical support tools were in place to monitor and assess such areas of care. For example, food and fluid intake charts were utilised to monitor dietary support needs.

Is the service caring?

Our findings

We received positive comments about the care provided by Smart Care Services NW Limited. Comments we received from people included, "They're great [staff] they all know me well, I'm very well supported", "They're all so lovely, they're all very very good. They'll do anything you ask them to do. I didn't like the other company, here they're all lovely, I've recommended them to others" and "I couldn't fault them, they always provide me with dignified care."

Relatives also said, "It's very good indeed, the standard of care is very good", "I'd say they're excellent, they know [person] really well. They all do their very best", "[Person] receives good care, [person] really likes them, they really do care" and "They provide all the care and support [person] needs." Healthcare professionals we spoke with said, "It's really, really good care" and "I've heard nothing but positive things, they're great."

Relatives explained how staff provided care and support in a dignified, compassionate and respectful way. Relatives said, "[Carer] always puts a towel in front of [person] when providing care, [carer] always talks to [person] and "It's all dignified and respectful but they [staff] make it fun too, there's good relationships."

During the inspection we asked staff how they promoted dignity and respect to the people they supported. Staff explained that people were always offered 'choices' in relation to the care provided, that they always discussed aspects of care being provided, offered reassurance and learnt about people's likes and dislikes so they could get to know the people they were supporting. One staff member said "We always provide dignified care, I know what I need to be doing, things like closing the door over, shutting the curtains, making sure it's done (personal care) in private."

People who received support were asked about the standard and quality of care provided. 'Quality review forms' assessed the provision of care that people received and enabled the registered provider to gauge the views of people receiving support of Smart Care staff. The review forms we checked during the inspection all contained positive feedback about the quality of care received, the engagement of staff and the approach and presentation of staff. We discussed with the registered manager that the quality review forms needed to consistently take place, with all people receiving support and (where possible) relatives.

'Spot Checks' were conducted as a measure of monitoring and assessing the standard and quality of care provided. The 'spot check' assurance tool assessed the level of person-centred, dignified, respectful care people received. This meant that the registered provider was committed to assessing the level of care people received.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we checked if confidential and sensitive information was protected in line with the General Data Protection Regulations (GDPR) All information was safely secured at the registered address and was not unnecessarily shared with others. The 'registered address' is the address which has been registered with CQC and is the address where all records and documentations should be safely stored.

Each person was provided with a 'Service User Guide'. The guide contained information about Smart Care Services and what people could expect. The guide provided people with information around the philosophy of care, principles and values of Smart Care, keeping people safe, staff training, confidentiality, equal opportunities and policies and procedures. This meant that people were provided with important information from the outset and were informed about the level and quality of care they could expect from the registered provider.

Is the service responsive?

Our findings

We received positive comments regarding the responsive care people received. People told us that staff were familiar with their support needs and delivered the level of care expected. Relatives also told us that the care provided was tailored to the persons individual needs and care was effectively provided. One person said, "Oh yes, they [staff] know me very well."

Staff told us that they were able to provide person centred care. 'Person centred' means the care and support which is delivered is in line with people's individual needs and not the needs of the registered provider. People told us that positive relationships were developed over time and the staff were able to familiarise themselves with likes, dislikes and preferences of the people they were supporting.

Staff provided us with detailed information about the care people required although it was identified that care records contained basic and limited information. 'Personal profiles' were found in some records; however, these did not always provide a sufficient amount of person-centred information. We discussed our findings with the registered manager, who was responsive to the feedback. We explained that the care records needed to reflect the tailored support people needed and demonstrate how the care and support was specifically suited around the needs and wishes of the person.

Equality and diversity support needs were assessed from the outset. Protected characteristics (characteristics which are protected from discrimination) were considered at the assessment stage. This meant that the registered provider was assessing areas of care which needed to be supported and/or appropriately managed.

The registered provider had a complaints policy in place. The policy contained relevant and up to date information and provided clear guidance about the complaints procedure. At the time of the inspection there was no formal complaints being addressed. Records confirmed that previous complaints had been responded to and investigated in line with the registered providers complaints policy. We were provided with evidence of a 'complaints record log'. This meant that the registered provider was able to establish any trends in relation to complaints that were being received. One person said, "If I needed to raise any issues then I would", "I've recommended them [service] to others, I don't ever complain", "There have been a few quibbles but they've all been ironed out, I've no issues" and "I know how to complain and I would if I had to."

During the inspection we asked the registered manager if anybody was being supported with 'End of Life' care. 'End of life' care is provided to people who need specific support when they have been assessed as being at the end stages of life. At the time of the inspection Smart Care Services NW Limited was not supporting anyone with this level of care and support. We were informed that staff were provided with the 'end of life' training as part of their induction as it was a sensitive area of care that needed to be supported.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. The registered manager had registered with CQC in April 2017. The registered manager was aware their responsibilities as the 'registered' person. They were aware of the different statutory notifications that needed to be submitted to CQC in relation to any incidents which affected people who were receiving support and/or the provision of care in general.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since the provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

During this inspection we reviewed whether the registered provider had effective systems in place to assess, monitor and improve the quality and safety of care people received. Audits and checks were completed in a number of areas such as medication administration, provision of care provided ('spot checks') care records and assessment, however; we found that these were not always effective. We identified that records and documentation needed to be further improved. People received safe care and risks were managed but information was not always clearly recorded in the care records we checked.

While there were audits and processes in place, we did not identify how these supported improvements which were needed. For example, we identified that some records did not contain 'personal profiles', a number of risk assessments contained basic information and 'consent' documentation was not always completed. When we reviewed audits and checks, such areas of improvement had not been identified.

We asked the registered provider how they gathered the thoughts, views and opinions of people they supported. We were informed that 'quality reviews' were regularly conducted throughout the year however we did not see evidence of these in all of the records we reviewed. The registered manager told us that they often conducted telephone reviews with people receiving support and (where appropriate) their relatives. However, these conversations were not recorded and we were not provided with evidence of any reviews.

This meant that the governance systems which were in place to assess and monitor the quality and safety of care were not sufficiently robust. We discussed this with the registered provider and registered manager who were responsive to our feedback and confirmed that systems would be reviewed accordingly.

The registered provider was in breach of regulation 17 of the Health and Social Care Act, 2008 (Regulated activities) Regulation 2014.

During the inspection the registered manager and registered provider were approachable and responsive to the feedback provided. Staff also expressed that they felt supported by the management team, comments we received included "I love working here, they [managers] respect you more, you're listened to and we all

work together", "It's great, best company I've worked for. They're [managers] are easy to talk to, I feel really supported", "I enjoy my job, I feel valued" and "Everyone is great, everyone is approachable and I'm listened to if I ever needed support."

Regular team meetings were taking place; staff said that they found team meetings useful and informative. Team meeting discussions included newly recruited staff, communication, staff rota's, policies and procedures, organisational updates, medication administration, training and on-call procedures. This meant that the registered provider was committed to maintaining effective lines of communication and ensured that the staff team were involved and participated in regular discussions about the provision of care.

During the inspection we reviewed a range of different policies and procedures that the registered provider had in place. Policies contained up to date and relevant guidance for staff to follow. Staff were provided with policies and procedures as part of their induction and staff knew where to access these when needed. Staff were familiar with different policies such as safeguarding and whistleblowing, medication administration, accident and incident reporting and lone working. Policies and procedures provide staff with important information and guidance in relation to operational areas of care.

The registered provider had an up to date 'Business Continuity Plan' (BCP). The BCP contained information and relevant guidance for staff to follow in relation to emergency procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effectively in place to assess, monitor or improve the quality and safety of care provided.