Selective Recruitment Limited

Selective Care

Inspection report

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16 October 2017

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 27 September 2017 and 16 October 2017. We gave 48 hours' notice of our intention to visit Selective Care to make sure people we needed to speak with were available.

Selective Care provides personal care services for people living in their own homes. At the time of our inspection there were 53 people receiving personal care and support. These included people with complex needs.

This was the first time Selective Care has been rated requires improvement.

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.

The provider's arrangements to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse, were not always recorded completely and care plans did not always contain information about how to manage and reduce risks. Care plans were not kept up to date and did not contain all the information needed to ensure people were supported in line with their needs and preferences.

The provider had not always notified us about safeguarding concerns or changes to the management of the service. Actions identified in quality assurance processes were not always followed up in a robust manner. There was insufficient adult social care expertise in the provider's organisation to support the registered manager.

Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to manage medicines safely.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. The registered manager was aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support. Where required, people were supported to eat and drink enough to maintain their health and welfare, and had access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with the people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

People who used the service were satisfied they received care and support according to their needs and preferences. There had been no recent formal complaints.

The service had an open, empowering culture for both staff and people who used the service. Systems were in place to make sure the service was managed efficiently and to monitor, assess and improve the quality of service provided, but these were not always operated effectively.

We identified three breaches of regulations. You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm, because care plans did not reflect risks identified and assessed. The provider had not always notified us where concerns were raised about people's safety.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were aware of the need to obtain people's consent to their care, and the registered manager was aware of the legal requirements where people lacked capacity to consent.

Where appropriate, people were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care and support was not based on accurate, up to date records.

There was a complaints procedure in place. The registered manager addressed concerns personally to avoid formal complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provision of social care services was not the provider's main business, and there was not sufficient internal expertise or support for the registered manager. The provider did not fulfil all their regulatory responsibilities.

A management system and processes to monitor and assess the quality of service provided were in place, but not always operated effectively.

There was an open, empowering culture in which people were treated as individuals and could speak up about their care and support.

Selective Care

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This service is a home care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults who may be living with a physical disability or learning difficulty.

The inspection took place on 27 October 2017 and 16 October 2017. We gave the service 48 hours' notice of our first visit to make sure people we needed to speak with would be available. The inspection team consisted of two inspectors.

We brought forward this inspection due to information we had received from a member of the public and the local authority about the management of medicines. The police had also informed us of an incident in which a person had died following a fall while receiving care and support. The coroner subsequently recorded a verdict of accidental death.

Because this inspection was brought forward, we had not requested the provider to complete an up to date Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The most recent PIR we had on file was from 2015. We reviewed other information we had received from and about the service, including previous inspection reports.

We spoke by telephone with people who used the service. We spoke with the registered manager and other staff, including office staff.

We looked at care plans and associated records of five people. We reviewed other records relating to the management of the service, including risk assessments, the provider's contingency plan, quality survey and audit records, training and supervision records, policies, procedures, meeting minutes, and staff recruitment

records.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe when the provider's staff were supporting them in their homes. People said they felt safe with their care workers and that they were "trustworthy". People told us they were happy their homes were left securely locked at the end of their care calls.

The provider supported staff to protect people against avoidable harm and abuse. Staff were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. The registered manager was confident there was an open and transparent culture in which staff were confident to raise any concerns they might have. The training programme included the safeguarding of adults and children.

There were records to show the provider worked with the local safeguarding authority to investigate concerns about or reports of people's safeguarding. The provider had notified the Disclosure and Barring Service (DBS) where there were corroborated concerns about the conduct of individuals who might seek employment with other providers. The DBS helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work in a care setting. However the provider had not always notified us of safeguarding concerns.

Providers are required to notify us about certain incidents which can affect the service people receive. This allows us to monitor that incidents are managed in a way that keeps people safe. The provider had records of safeguarding concerns and investigations where there were no corresponding notification records on our systems. During the inspection visit the registered manager discovered the draft of a notification which had not actually been sent. Where safeguarding concerns had been investigated on behalf of the local authority, the provider did not always have records showing the local authority had closed the case. This meant people could not be confident the provider's management of incidents was scrutinised as required by law.

Failure to notify us of significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

The provider had identified and assessed some risks to people's safety and wellbeing. These included risks associated with self-neglect and falls. These risk assessments had not always led to clear and individual action plans to reduce or manage the risks. The registered manager told us in one case this was in line with the person's request not to have this detail recorded in their care plan. The registered manager and three members of staff who regularly supported the person were informed about the person's risks, but it was not clear how this would be managed if those individuals were not available to support the person.

The registered manager had identified that care plans needed to be updated to include guidance for staff arising from risks. They had started a programme of rewriting all care plans according to their own, new format. At the time of our inspection visit, 38 out of 53 care plans were still in the old format and did not contain the required information about risks to people's safety and welfare.

The provider had a business continuity plan with guidance to keep the service running under circumstances such as severe weather.

There were sufficient staff to support people according to their needs and keep them safe. However, at times the registered manager had to undertake care calls, particularly at weekends. This meant they were well informed about people's needs and could review directly the care and support people received at other times. However this arrangement was not sustainable in the long term as the manager's time and energy was diverted away from managing the service.

There was a robust recruitment process designed to make sure successful candidates were suitable to work in a care setting. Records showed the provider made the necessary checks before staff started work, including identification, evidence of satisfactory conduct from previous employers and a DBS check. Interviews were the responsibility of a dedicated recruitment officer together with the registered manager, and followed a standard format. This meant the recruitment process was fair and designed to identify suitable candidates.

Where people received support with their prescribed medicines, suitable arrangements were in place. Staff received training in the administration of medicine, and the provider's competence checking made sure the training was effective. Where people preferred to be responsible for their own medicines, this was recorded in their care plan. Relations of people who received support with taking medicines stated that this was done in a safe way and that care workers were "OK" with respect to the management of medicines.

The registered manager had investigated two concerns that had been raised about the safe management of medicines. In one case the concerns had not been corroborated. In the other case changes had been made to the person's medicines care plan which now contained clearer information about "as required" medicines. Directions were now clear where care workers, the person themselves and their family shared responsibility for the person's medicines. These changes were to the satisfaction of the person and their family.

Following these concerns the registered manager had reviewed all medicines training and record keeping. All staff had received refresher training and had signed that they had read the updated guidance. New records were in place for the recording of medicines administered. People could be confident staff were aware how to manage medicines safely.

Good

Is the service effective?

Our findings

The provider had a programme of training for staff which included induction training for new staff and then yearly updates delivered by the registered manager. The manager had achieved "teach the teachers" certification. Staff records were in place which showed the training programme covered standard topics such as medicines awareness, safeguarding of adults and children, moving and positioning, dementia, and mental capacity and deprivation of liberty. The provider worked with a local college and community nurses for additional training. A community nutrition nurse had trained staff to support people to take in nutrition by means of a feeding tube.

The registered manager followed up training in individual supervision sessions with staff and in team meetings through exercises such as "spot the mistakes" in medicines records. Records showed supervisions and appraisals took place in line with the provider's own policy that all staff had contact of this type at least four times a year.

Induction training was based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. At the time of our inspection the registered manager was working to develop a customised Care Certificate workbook tailored for the service.

Staff were aware of the need to seek consent before supporting people with their personal care. People had signed that they agreed with their care plans.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice and had received additional training in this area. They were aware that capacity assessments have to be specific to a particular decision and that in some cases a person's capacity can change according to their circumstances. They had participated in best interests decision meetings. Where there was uncertainty about whether the person lacked capacity to make certain decisions but no formal assessment of their capacity was in place, staff continued to support them as if they had capacity.

The service had some involvement with supporting people to eat and drink according to a balanced, healthy diet. Staff had supported people to eat where this was part of their agreed care plan. Specialist training was available to staff if needed. Where people were at risk of poor nutrition or they were living with certain conditions staff monitored and recorded their intake. This included specific and appropriate support with food and drink where a person was supported in their last days. Staff were guided to report concerns which

would be followed up with the person's GP or the community nursing team.

The service had some involvement with supporting people to access healthcare services. Records showed staff assisted people with GP and hospital appointments, and to attend day care services. The registered manager worked with community nurses, social workers, pharmacies and teams specialising in supporting people to remain independent and avoid falls.

Good

Is the service caring?

Our findings

People who used the service told us they felt it was caring. They described their care workers as "lovely" and "absolutely fantastic". People told us they had regular care workers most of the time, and they were sensitive to their needs and involved them in decisions about their care. People were able to develop caring relationships with their care workers. New care workers introduced themselves to people when they started work so that people could start to get to know them.

The registered manager and staff had a thorough knowledge of people's individual needs and preferences. The registered manager dealt personally with people, involving in them in decisions about their care and support. They carried out care plan reviews and assessments with the person, kept in contact by means of telephone monitoring, and would make home visits if there were any concerns. In addition the registered manager was "always" available to be contacted by phone. They said they "loved to see people happy". Care workers had time to make contact and treat people as individuals during their care calls.

The registered manager spoke to us in a way that showed they were passionate about supporting people. They had developed a staff team that shared their dedication and commitment to delivering a caring service. They used their recruitment, induction and shadowing processes to share and communicate the service's caring ethos. They said their motivation came from the people they supported. They summarised this by saying, "I give a damn."

There were examples of where the registered manager and staff had 'gone the extra mile' for people they supported and supported them in ways that were not included in their agreed care plans. These included sitting with people beyond the contracted times for their calls if they were feeling ill or waiting for paramedics to arrive, shopping for necessities such as milk and bread, and arranging for a person's washing to be done. On one occasion the registered manager had gone to hospital to be a friendly face for a person they supported and to "calm them down". Care workers had researched special cutlery to enable a person to continue to eat independently and had arranged for additional equipment to enhance people's dignity.

People received care and support in a way that respected their independence, privacy and dignity. People's care plans and assessments took account of what people could do for themselves. Training and staff supervisions focused staff on the need to respect people's privacy and dignity.

Staff were aware of equality and diversity issues, but there were no examples at the time of our inspection where people had religious or cultural needs which might affect their care and support. In the past the service had supported people in their last days with sensitivity towards their religious background.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us the care and support they received were in line with their needs and took into account their preferences. One person's relation described how care workers had supported their loved one to make healthy meal choices as well as organising activities that encouraged them to have a healthy lifestyle.

The registered manager and staff had a good knowledge of the people they supported, their needs and preferences. However the provider's assessment and care plan records did not adequately reflect people's needs and did not always give detailed and thorough guidance for staff to follow. Some detailed guidance was available for staff, for instance in identifying risks of pressure injuries, but this was not adapted to take into account people's individual circumstances.

One person's care plan showed they had been identified as being at risk of falls and self-neglect, however this information was not carried forward into the section of their care plan which described the content of their care visits. This meant the person was at risk of receiving care and support that did not meet their needs or did not reflect their choices and preferences.

In another person's case they had been identified as being at risk of self-neglect but there was no associated risk assessment and risk management plan in place. The registered manager told us this person had declined to consent to having certain details of their care included in the care plan records kept in their home. The manager and staff who called on the person regularly were aware of how the person preferred to be supported, but there was no written guidance for new staff or staff unfamiliar with the person who might stand in.

The same person's care plan contained reference to another family member being supported by Selective Care. The registered manager told us this was no longer the case. The person's care plan had not been kept up to date.

In a third person's case their moving and handling assessment stated "mobility varied" and that there were risks their behaviour could affect moving and handling. However their care plan guidance did not reflect these variations, or what their care worker should do if they experienced different behaviours. Their care plan stated "I like to be assisted out of bed" but did not describe how they liked to receive this assistance. The care plan guidance did not take into account risks associated with personal care when the person had a catheter fitted beyond a statement to "be very careful".

The registered manager had identified that improvements were needed to care plans and had started to rewrite them in a new format they had devised. At the time of our inspection they had completed 15 out of 53. The new format was not always clear in the way care plans and risk assessments were recorded.

For example in the same care plan, there were multiple questions "Can you go up / down stairs safely? Is there a stair lift or grab rails?" This was answered with a cross in the "+ 1 helper" column with no information

in the "Rec. method" column, which could be used to describe the method of support preferred by the person. There was not sufficient information in this care plan to make sure the person was supported in line with their needs and preferences.

Failure to maintain accurate and up to date records relating to people's care and support was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints procedure which was given to people when they started to use the service in their service user guide. The registered manager told us they dealt with concerns raised by people personally before they became a formal complaint. There were no formal complaints recorded since the manager registered with us.

Requires Improvement

Is the service well-led?

Our findings

People who used it felt the service was well led. Several people stated that the manager was easily reached by phone and very responsive if any changes to care arrangements needed to be made. Several people reported that the manager has often made care visits to cover staff shortages and that support staff in the office were very helpful.

The provider, Selective Recruitment Limited, is a recruitment agency. It provides recruitment support to a variety of commercial and industrial sectors, including healthcare, but the delivery of adult social care services is not part of its core business. At the time of our inspection, only the Southampton office was registered as an adult social care location. This meant there was limited specialist social care support inside the organisation for the registered manager, although their line manager visited the office regularly. The manager told us the provider had recognised this, and was investigating the possibility of engaging an external consultant or auditor to provide specialist guidance in managing a regulated activity. However at the time of the inspection there was no internal source of advice for the registered manager about their regulatory responsibilities.

The current registered manager had worked for Selective Care since 2013 and had registered with us in April 2017. This was the third change of manager in two years. The provider's nominated individual had left the organisation. A nominated individual is a senior person in the provider organisation with responsibility for supervising the management of the regulated activity. Changes to both registered manager and nominated individual meant there had not been continuity or consistency of leadership. The provider had not notified us that the nominated individual had left, and had not appointed a new nominated individual at the time of our inspection, although a new nominated individual was appointed following the inspection.

Failure to notify us of a change to the nominated individual was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager recognised there was still work to do in order to demonstrate they were meeting the requirements of all the regulations. They considered they had focused the service on the needs and preferences of individual service users, and that their clients were satisfied with the service. However they were still open to advice and had recognised that care records were in need of improvement.

The registered manager has developed a management system based on standard policies provided by an external supplier. These policies had been adapted where appropriate for this service. The registered manager told us the provider was supportive in terms of allowing budget for necessary equipment, such as a new filing system and ID cards for staff.

The registered manager was supported by a care coordinator and senior care staff. The registered manager, care coordinator and recruitment professional shared responsibility for out of hours on call phone calls. The registered manager and care coordinator shared responsibility for staff supervisions. The care coordinator was absent during our inspection, and the registered manager was not able to access some records which

were on their password protected computer. Although this showed confidential data was protected, it was a concern that records important for the management of a regulated activity were not available to the registered manager.

The registered manager and senior staff carried out care reviews and spot checks of people's care. There were also weekly audits of care logs and medicines administration records. Issues identified were followed up in supervision meetings and staff meetings. Staff meetings were arranged at varying times to enable all staff to attend.

There were also monthly audits of care files. The registered manager had inherited a backlog of audits from their predecessor, but had established a routine for internal audits at the time of our inspection. However these audits had not identified all the concerns we found with care records. There had also been an independent quality audit by the Southampton City Clinical Commissioning Group (CCG) in April 2017. This had identified a number of recommendations, including a request for an updated action plan to be submitted monthly. The registered manager had been working to address the recommendations, but could not show us records of monthly action plan updates, or whether the CCG had signed off any of the recommended actions as complete. We could not be certain there was robust follow up of items identified in this external quality audit.

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 15 Registration Regulations 2009 Notifications – notices of change The registered person did not give notice or notify the Commission of changes relating to the nominated individual. Regulation 15 (1)(a)(b)(e)(iii)(3)

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission of all incidents of abuse or allegation of abuse in relation to a service user. The registered person did not notify the Commission of all incidents reported to, or investigated by, the police. Regulation 18(1)(2)(e)(f)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not maintain accurate, complete, and contemporaneous records in respect of each service user. Regulation 17(1),(2)(c)