Somerset Care Limited

Somerset Care Community (South Hampshire)

Inspection report

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Date of inspection visit: 30 July 2014
Date of publication: 04/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available.

Somerset Care Community (South Hampshire) is a service that provides community services with personal care to older persons and people with dementia in their own homes. At the time of our inspection there were 300 people using the service and 96 members of staff.

At the time of the inspection Somerset Care Community (South Hampshire) did not have a registered manager in

Summary of findings

place. However, a manager had been appointed and they were in the process of applying to become registered with Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff confirmed they were well supported and received training, induction, supervisions, spot checks by the provider of observing care being given and appraisals. However the provider was unable to produce records to evidence the training staff had received. As a result people may not be supported by staff who had the necessary skills and knowledge to meet their assessed needs.

There were not always sufficient numbers of suitable staff to keep people safe and meet their needs at the weekends. Risks to people were managed but staff did not always have the up to date guidance they needed to support people to balance risks as not all risk assessments had been updated following changes in people's needs.

People told us they felt safe. One person said "I feel safe because I have known the main career for a long time." However the service was not always safe because staff were unable to demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005 and did not know how to put them into practice.

People's needs were assessed and they were involved in the assessment of their needs, but care plans and risk assessments did not always take account of people's changing needs. Care plans were personalised but did not identify people's goals and how they would be supported to reach their outcome. As a result people were not always being supported to maximise their independence.

People were encouraged to raise concerns about their safety. Staff showed an understanding of how to respect people's safety when supporting people who experienced behaviour, which may challenge others. Staff demonstrated an understanding of how to recognise and respond to abuse. A thorough recruitment process was in place and staff disciplinary procedures were followed when the manager identified unsafe practice by staff.

People's preferences were taken into consideration when they agreed to their care being provided. One person told us they had expressed a preference that no male carers provided their support. This was clearly recorded in their care plan and the person confirmed that only female carers supported them. People were supported to receive healthcare services and were involved in decisions about their nutrition and hydration needs which were monitored and managed.

Staff involved and treated people with compassion, kindness, dignity and respect. People told us, "They don't pry and ask questions the carer knows and respects me." People, and their relatives, were positive about the care and support provided by staff and staff actively sought, listened to and acted on people's views and decisions. One person described staff, "caring but professional."

There was a positive and open working culture where staff felt protected and supported to raise concerns and question practice. The management team were approachable and a number of changes had been implemented to improve the service. There was a system to manage and report, incidents, and safeguarding concerns. Detailed investigations had been completed when necessary to do so which sometimes led to action through performance measures for members of staff. CQC had been notified of relevant concerns. Quality assurance systems were in place and used to drive continuous improvements in service delivery. Complaints and concerns were explored and responded to in good time and used as an opportunity for learning and improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not always safe. Although some people told us they felt safe, some staff were unable to demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005 and how to protect people's rights to make decisions about their care.

Risks to people were managed but staff did not always have up to date guidance they needed to support people to balance risks as not all risk assessments had been updated following changes in people's needs.

There were not always sufficient numbers of suitable staff to keep people safe and meet their needs at the weekends.

People were encouraged to raise concerns about their safety. Staff showed an understanding of how to recognise and respond to abuse and promote people's safety.

A thorough recruitment system was in place. Action was taken by the manager where they identified unsafe practice.

Is the service effective?

Requires Improvement

The service was not always effective. People may not be supported by staff who had the necessary skills and knowledge to meet their assessed needs because the provider was unable to evidence the training that had been provided for staff.

Staff were well supported and received an induction when they started work. Regular supervisions, appraisals and observations of their work practice were also carried out.

People told us their preferences were taken into consideration when agreeing to their care being provided.

People were supported to receive healthcare services and were involved in decisions about their nutrition and hydration needs and these were monitored and managed.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect. People and their relatives were positive about the care and support received from staff.

People's privacy and dignity was respected and promoted and staff actively sought, listened to and acted on people's views and decisions.

Summary of findings

Is the service responsive?

Requires Improvement 

The service was not always responsive. People's needs were assessed and they were involved in the assessment of their needs, but care plans and risk assessments did not always take account of people's changing needs.

Staff did not always have the time to provide care and support people needed but the provider ensured staff schedules were flexible when needed.

There was an effective complaints procedure in place.

Is the service well-led?

Good 

The service was well led. Staff said the management team were approachable. Staff told us the new manager had made such a change to the company by getting them all involved in how the service was doing.

There was a positive and open working culture where staff felt protected and supported to raise concerns and question practice. Quality assurance systems were in place and used to drive continuous improvements in service delivery.

Where investigations had been required in response to safeguarding alerts, the service had completed detailed investigations which sometimes included disciplinary hearings for member's staff. CQC had been notified of these concerns.

Somerset Care Community (South Hampshire)

Detailed findings

Background to this inspection

We inspected the service on the 30 July 2014. The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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. We spoke with the Local Authority safeguarding team to obtain their views on the service and the quality of care people received.

On the day of the inspection we spoke with five people who used the service and seven relatives. We tried to contacted more people who used the service but they were unavailable to speak with us. We also spoke with nine members of staff, the deputy manager and the manager who is applying to become the registered manager. We spent time looking at six people's care records and other records relating to the management of the service such as, risk assessments, supervision and appraisal records, disciplinary records, recruitment records, complaints, safeguarding and incident reports and questionnaires.

The last inspection of this service was in January 2014 where no concerns were identified.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe because I have known the main carer for a long time." Another person said, "I feel helped and safe." A relative told us, "Mother trusts them." Staff we spoke with showed an understanding on how they could keep people safe. For example, checking to make sure the person is not in danger by checking for hazards and signs of suspected abuse. One member of staff said, "If people are at risk of abuse, I will check for bruising, change in character and report these concerns to my manager." We spoke with the local authority safeguarding team and they told us they did not have any concerns about the service.

There were not always sufficient numbers of suitable staff to keep people safe and meet their needs in a timely manner . We received a mixed response from people when we asked them if they felt there were enough staff to meet their needs. Some responded positively stating, "Yes" and one person said, "They know what my needs are." However most people felt their needs were not met. One person said, "Not at weekends." Another person said, "Weekendstaff are late". People told us they had regular care workers during the week but this would change at the weekend. One person said, "I see about three to four different people at weekends." People did not always receive the consistent support they needed by staff who knew them well to meet their needs and keep them safe.

We received a mixed response when we spoke with staff about staffing levels. Most staff told us there were issues with covering visits when there were unplanned absences of staff. However they confirmed this had improved since the manager introduced a new position of Community Staff Supervisor who was responsible for supervising staff and managing any staff absences. Some staff confirmed there were issues with covering visits at weekends due to less staff available to work. However staff confirmed they would always make sure people received the care they needed. The manager told us they were always recruiting new staff and they had stopped accepting new people until they feel confident that sufficient staff were employed.

This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Five out of the nine members of staff we spoke with demonstrated an understanding of the requirements of the Mental Capacity Act (MCA) 2005 and its main codes of practice and knew how to put them into practice. However four members of staff did not demonstrate an understanding of their roles and responsibilities. Three members of staff said they were "Not sure" when asked if they understood about the MCA 2005. The fourth member of staff said, "I do not know, could be dementia." This meant staff may not be able to identify people who lacked or had limited capacity to make decisions and as a result they may be at risk of receiving care that was not meeting their needs and they had not agreed to. The managertold us they were sending out a factsheet on the MCA 2005 in order to refresh staff on their roles and responsibilities and would be looking at further training for staff.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks to people were managed but staff did not always have the up to date guidance they needed to support people to balance risks. This was because not all risk assessments had been updated following changes in people's needs. One person's manual handling risk assessment was out of date and contained incorrect information. For example, the manual handling risk assessment completed on 13 September 2013 stated one staff was supporting with manual handling tasks but recent progress notes indicated two staff were supporting this person. We spoke with the manager and they told us before the person went into hospital they were supported with one staff They told us a new manual handling risk assessment should have been completed when they were discharged from hospital to indicate two staff carers were now needed following the persons change in need. The manager told us they would look into this and they were planning to complete audits of people's care records to check if they contained the most up to date information about the person.

People told us they were encouraged to raise concerns about their safety. Staff confirmed they always tried to support the person if they were concerned about anything and would encourage them to speak to the office.

Staff had received training on procedures to follow regarding the safeguarding of people in their care. Staff confirmed they had received training in the safeguarding adults procedures and demonstrated an understanding of how to recognise and respond to suspected abuse. They all understood their responsibility to report any concerns to

Requires Improvement

Is the service safe?

their management team or external professionals such as CQC. There were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Staff were aware of the importance of disclosing concerns about poor practice or abuse and were informed about the organisation's safeguarding and whistleblowing policies.

People responded positively when asked if they felt risks with their care and support were managed appropriately. People told us they were involved in making decisions about any risks they may take.

A recruitment system was in place to keep people safe. Appropriate pre-employment checks were completed prior to new staff starting at the service. Staff we spoke with confirmed they had completed a Disclosure and Barring Service (DBS) check and references were obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. The manager told us a system was used to assess applicant's fitness for the job role at the application stage. We looked at the results of one applicant's assessment and saw how the assessment was used to determine what role and level of responsibility would be good for them.

Staff disciplinary procedures were followed when the manager identified unsafe practice. The manager dealt with any allegations about staff using the providers procedures and through carrying out further checks so people were safe.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to effectively meet their assessed needs. One person said, "Yes because I get the same carer. New carers who are shadowing are sometimes nervous. When they are trained they are a confident and competent group."

Staff confirmed they received training. One member of staff said, "I have had lots of training, manual handling, safeguarding, health and safety." Another member of staff told us, "We have regular training and get a call to tell us training is due or it is put on our rota to attend." All staff we spoke with confirmed they felt they received enough training to enable them to care for people effectively. We asked the manager to provide us with a list of training staff had completed, however due to a change in the recording of staff training they were unable to provide us with this information. This meant that the provider were unable to evidence the training staff had. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us they felt well supported in their role. All staff told us they could speak with their manager at any time if they had any concerns. Staff received regular supervisions, spot checks (an observation of staff performance carried out at random) and appraisals. Staff who had recently joined the service confirmed they had received an induction programme which was based on the Skills for Care Common Induction standards. These are the standards people working in adult social care should meet before they can safely work with people who require support.

People were involved in the selection of staff who delivered their support and their preferences were logged on the service computer system. People felt effectively matched with staff and confirmed their preferences were taken into consideration. One person said, "I have known them for so long." Another person told us they had requested for "no men" to visit. We spoke to the member of staff responsible for planning the support people received from care workers and they told us they always tried to match staff with people in all areas, such as needs, skills, and geographically. Staff confirmed they had provided care to people regularly and knew them well. One member of staff said, "A service user had requested for me to support them with a bath and the office spoke with me and I was made available to help them."

People were involved in decisions about their nutrition and hydration needs and these were monitored and managed. Staff told us they made sure people had plenty of fluids upon leaving their home, particularly in hot weather. One person said they could pour their own soft drink but the carer makes their tea and coffee for the day. We saw in people's care plan records support with meals and nutrition was assessed and individual outcomes were agreed detailing the support required.

People were supported to receive healthcare services. Staff worked effectively with healthcare professionals and they were pro-active in referring people for additional support. People had access to health care professionals when they needed them such as District Nurses (DN), Occupational Therapists (OT), Physiotherapists (PT) or GP's People's care records included body maps and incident reports which had been completed highlighting pressure sores(ulcer of the skin caused by prolonged pressure). Referrals had been made to DN's. Staff told us they worked closely with all professionals and had on many occasions made referrals to the DN for wound checks. People confirmed they had been visited by the DN and GP. A person confirmed that they had recently seen their GP and frequently saw the district nurse, who supported them with their medical condition every three to four days.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. One person described staff as, “Caring but professional.” Another person said, “ Kind caring and interested.” One relative told us how they have overheard staff talking nicely to their relative. We looked at compliments received by people and one compliment said, ‘We would like to say thank you to staff for all his kindness and help in making life in their home a great experience.’ Another compliment said, “Thank you for the wonderful professional care [relative] received.” During the inspection we heard staff speaking with people over the phone in a polite, helpful and respectful manner.

Staff actively sought, listened to and acted on people’s views and decisions. People felt involved in their care and spoke positively of their experience with feeling involved in their care and one person said, “I am included in reviews of my care”. Another person said, “I feel involved but I have not made many demands on them.” A third person said, “I tell her what I want.” Staff confirmed they communicated with people and asked how they would like their care provided.

People’s privacy and dignity was respected and promoted. One person told us, “They don’t pry and ask questions. The carer knows and respects me.” Another person said, “My relative was asked to leave when intimate personal care was carried out.” Staff gave us examples of how they ensured a person’s privacy when providing personal care, such as, closing bedroom doors and curtains before commencing with personal care tasks.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us their needs were assessed, and they were involved in the assessment of their needs. People confirmed they were involved in their care planning and received personalised care.

People were encouraged to express what was important to them and these were taken into account in the assessment of their needs. Staff confirmed people's needs were assessed when the person joined the service and was reviewed by the Community Customer Supervisor, a new post in the staffing structure . Care plans were personalised but did not identify people's goals and how they would be supported to reach their outcome. For example, one person's care plan asked, "What do you want to achieve." The person stated, "For everything to get back to normal, I am desperate to get back to doing everything for myself." We looked at the person's care plan outcome which stated, "Personal care, food and fluid preparation." However we saw the person was not involved in achieving this independent outcomes as members of staff were completing all parts of their support for example "Please make my breakfast for me; please fill a bottle of squash up for me." This meant the person was not being supported to regain their independence. The manager told us they were introducing new support plans that were more personalised and gathered more information about the history of the person as well as the goals they wanted to achieve.

People told us staff provided them with the support they needed, and, that staff had sufficient time to carry out the agreed care tasks during the weekdays but not at weekends. People and their relatives told us they did not feel rushed when receiving care. One relative said, "I heard a carer say to my [relative], No take your time, don't rush." Staff confirmed they always stayed the agreed length of time even if they were running late due to unforeseen circumstances, which mainly occurred at the weekends. One member of staff told us they had stayed with a person who had fallen and they were supported to stay with the person until emergency services had arrived. They confirmed the office had arranged for other people on their schedule to be supported by other staff.

People knew how to share their experience or raise a concern or complaint and felt comfortable doing so. Most people told us they had never made a complaint about the service. They told us they felt confident to express concerns and if they had any issues they would speak to the manager. Some people and their relatives told us they had raised complaints and they confirmed their complaints had been listened to and dealt with.

The manager said they were using the complaints received as an opportunity to improve the service. They told us they had made changes to the staffing structure because there were issues with unplanned staff absences and ensuring people's care records were up to date and being met. The manager told us they had created two new posts, Community Staff Supervisor and Community Customer Supervisor. The manager also told us they had introduced more senior care workers who would be responsible and made available to cover work when members of staff were unable to work. Staff confirmed changes had been made to the staffing structure and they were all positive about the recent changes that had taken place. One member of staff said, "I like the new changes, very proactive. They have made a big difference to staff and the performance management has improved because things can be dealt with quicker."

Good

Is the service well-led?

Our findings

People told us the manager and deputy manager were friendly and approachable. Staff confirmed the management team were approachable, supportive and always available to discuss concerns. One staff member said, “The deputy manager is very supportive; they will sit with me if I do not understand anything. The new manager has made such a change to the company by getting us all involved in how the service is doing.” The manager and deputy manager were supportive of staff during the day of our visit, taking time to speak with them and ask how they were.

The service has not had a registered manager for four months. A new manager was in post who had made an application for registration with CQC at the time of the inspection.

It was evident throughout the inspection that staff were clear on the leadership of the service. The manager was proactive in dealing with complaints, concerns and issues and used these to make changes within the service. The manager told us a new Electronic monitoring system was being introduced that would give the office the ability to 'track' a carer so they can respond to any hold ups in traffic, emergencies and timings of visits.

There was an emphasis on support, fairness, transparency and an open culture. We observed the office staff, manager and deputy manager attending a meeting to discuss issues about the service. This information was presented on a board and throughout the day different members of staff updated this in readiness for the next meeting. Staff were positive about these meetings and one member of staff said, “It has been introduced this month (July) but it is making a big difference already. We can all see what is going on in the service and it makes us pull together if we see someone needs help.” The manager told us these took place every day for 15 minutes except once a week when it was for 30 minutes. This had been introduced to give members of staff the opportunity to take ownership of their responsibilities and work as a team. Staff took turns to lead the meeting, items were discussed such as planned and unplanned absences, failures to provide care at the agreed times (of which there were none), incidents, safeguarding concerns, complaints, compliments and training. The staff also discussed what care reviews were being carried out that day.

Staff were supported to question practice and those who raised concerns and whistle-blowers were protected. Staff had a clear understanding of their responsibilities around reporting poor practice, for example where abuse was suspected. They also knew about the service’s whistle blowers process and they could contact senior managers or outside agencies if they had any concerns.

Where investigations had been required the service had completed detailed investigations which sometimes included performance management actions for staff. Notifications had been received by CQC for all safeguarding concerns raised and dealt with.

Quality assurance systems were in place and used to drive continuous improvements in service delivery. The manager told us feedback forms were regularly sent out asking people and their relatives what they wanted from the service. Quality assurance questionnaires had been sent to people and 67 had been returned. Action plans had been attached to each questionnaire and completed when the questionnaire was returned which highlighted actions that were required to improve the service and the person’s experience. For example, one person had commented they would like more regular times of visits. We saw the action was to speak with the member of staff who was responsible for planning the visits , that it had been completed and that this would be monitored by the Community Support Supervisor. Where compliments had been made about staff we saw that these had been passed onto them.

Other quality assurance processes had been put into place by the manager which had enabled them to look at areas of improvement such as care plans, recruitment, risk assessments and staffing. For example, the manager demonstrated they had audited people’s care files and identified some people’s care plans and risk assessments had not been updated. As a result the manager would be introducing new community support plans to reduce the amount of duplicated paperwork required to be completed during a review of a person’s support plan or risk assessment. This meant staff had more time to review specific information to ensure people’s support needs were up to date and they were supported safely.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing This regulation was not being met because the registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records This regulation was not being met because the registered person did not ensure that records referring to the protection against risks of unsafe or inappropriate care for service users could be located promptly when required. Regulation 20 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment This regulation was not being met because the registered person did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of service users in relation to the care provided for them.