

Social Care Academy Ltd

Social Care Academy

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Social Care Academy is a domiciliary care agency. It provides personal care to people living in their own homes in Evesham and the surrounding areas. At the time of the inspection three people were receiving personal care and support. The agency also provides other services including companionship, cleaning and support with shopping.

People's experience of using this service:

- People were very happy with the care and support they received from the service. They, and relatives, felt involved in how their care was planned and delivered, and described positive relationships with staff who undertook their care calls.
- People received their care calls at the agreed times and were informed if staff were delayed. People had consistency of staff and knew which staff member was expected.
- The provider's vision, policies and procedures promoted people being in control of their care and support, which people told us they were.
- People had care plans which were regularly updated and reflected people's needs and preferences. Risks had been assessed and management plans informed staff how to reduce risks of injury or harm.
- Staff were supported through an induction, training and meetings.
- The service met the characteristics of 'Good' in all the key questions. Therefore, our overall rating for the service is 'Good'. More information is in the full report.

Rating at the last inspection: This was the first inspection of this service since its registration with us in September 2017.

Why we inspected: This was a scheduled inspection and was planned.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection programme. If we receive any information of concern we may bring our inspection forward.

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 Good

Details are in our findings below.

Is the service effective?

Good ●

The service was Good

Details are in our findings below.

Is the service caring?

Good ●

The service was Good

Detailed are in our findings below.

Is the service responsive?

Good ●

The service was Good

Details are in our findings below.

Is the service well-led?

Good ●

The service was Good

Details are in our findings below.

Social Care Academy

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Service and service type: Social Care Academy is a small domiciliary care agency.

The service had a manager registered with the Care Quality Commission. The owner/provider is the registered manager and also undertakes care calls to people. This means that they, as manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit in line with our methodology for inspecting this type of service. Inspection site visit activity started on 27 February 2019 and ended on 29 February 2019.

What we did: Before the inspection we reviewed information held about the service including any notifications we had received. A notification must be sent to the Care Quality Commission every time a significant incident has taken place in the service. We also reviewed the Provider Information Return (PIR). This is a document the provider sends to us describing what they do well and any planned improvements.

On 28 February 2019, the inspector conducted telephone interviews with one person who was receiving care from the service and spoke with two people's relatives. We visited the office location on 29 February 2019 to meet with the registered manager and care staff; and to review care records and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff completed safeguarding training before starting care calls to people, and the provider's safeguarding policy was shared with staff.
- Staff were given a 'handbook' which contained important information about how to safeguard people and raise concerns if needed.
- Staff were confident any concerns they raised to the provider would be dealt with appropriately. They knew the process to follow if they needed to raise safeguarding concerns outside of the organisation to the Local Authority or Care Quality Commission.
- People and relatives trusted staff. One relative told us, "I have total confidence in the staff."

Assessing risk, safety monitoring and management:

- Risks of harm and injury had been identified and risk management plans were available for staff to refer to so actions could be taken to reduce those risks.
- Staff knew people well and were confident supporting them. Staff reported any concerns that may place people at risk. One person's walking aid had become damaged and the provider had taken action to ensure a replacement was arranged.

Staffing and recruitment:

- There were sufficient staff employed to undertake the agreed care calls to people using the service.
- People knew the staff who supported them and always knew who was due to undertake their care call. People were informed if staff were delayed on their way to their care call.
- Pre-employment checks to ensure their suitability were completed before any new staff started care calls to people.

Using medicines safely:

- Staff received training and were assessed to ensure they supported people with their medicines in a safe way.
- There were records in place to record when staff supported people to take their medicines.
- Staff informed, and sought guidance from, people's GP if a person chose not to take their medicine as prescribed and actions were documented.

Preventing and controlling infection:

- Staff had access to gloves and aprons for use when they were delivering personal care.
- All staff had received training in infection prevention and control and understood their role in preventing the spread of infections.

- A relative told us, "Staff wear uniforms and have good hygiene."

Learning lessons when things go wrong:

- The provider was keen to learn from experience and make improvements should concerns be raised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People new to the service had their needs assessed by the provider, who then undertook their first care call themselves. This ensured all of the person's needs had been covered within their care plan.
- The provider worked in collaboration with people's relatives and other agencies such as the Local Authority.
- The provider ensured staff had access to guidance about people's health conditions within the care plan. This supported good outcomes for people and ensured staff had an understanding about people's individual needs.

Staff skills, knowledge and experience:

- There was a strong emphasis on the importance of training. Staff were required to complete the Care Certificate, and new staff received a range of face to face training to help ensure they had the necessary knowledge and skills to do their jobs.
- The provider had a background in education and training and held a nationally recognised qualification to deliver training. One staff member told us, "[Provider's name] has really helped me learn and develop my confidence." Training for staff was tailored around their individual learning styles to ensure it was effective.
- Staff received one to one meetings with the provider, who also undertook observational checks and appraisals. Staff felt well supported.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In this kind of service applications to deprive people of their liberty should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.
- Staff understood the principles underpinning the legislation, and gave examples of how they sought people's consent. For example, when supporting people to take their medicines and before personal care was given.
- Nobody using the service had any restrictions on their liberty, but the provider understood their legal obligations if any restrictions were identified.

Supporting people to eat and drink enough to maintain a balanced diet;

- People received support with meal preparation. One relative told us, "Staff encourage my family member to do as much as they can with preparing their meals so they do not lose their skills, but are always 'on-hand' when support is needed."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care:

- Staff informed the provider if they had any concerns about people's wellbeing. The provider gave us examples of when they had contacted the district nurse team when a person's skin had become sore, so that a visit could be arranged. One person had received a special mattress following a referral to a healthcare professional from the provider.
- Staff offered to support people to make appointments with other healthcare professionals, if their relatives were not available to do this on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity: Supporting people to express their views and be involved in making decisions about their care:

- One person told us, "I've got a lovely rapport with the staff, they are kind and treat me well."
- One relative told us, "We couldn't have hoped for better for my family member, the staff are very caring, always kind and willing to go the extra mile".
- When talking with us, staff demonstrated a compassionate, non-judgemental and accepting attitude towards the people they supported. One staff member told us, "I encourage [name] to chat about the old times, it shows them I'm interested in them as a person."
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. The provider explained one person found it easier for information to be written down to ensure there were no misunderstandings. Staff were aware of this and always wrote down the name of the staff member who was going to undertake the person's next care call. This reassured the person because they knew who was going to be visiting their home.
- People and relatives felt involved in decisions about how care was delivered.

Respecting and promoting people's privacy, dignity and independence

- Systems were in place to protect people's confidential information. Staff understood the importance of maintaining confidentiality.
- People were supported to maintain skills as far as possible so their independence was not taken away.
- One person commented, "I can't do much for myself any more, but staff encourage me with what I can do, then they are there to do the rest."

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had a plan of care which described individual needs, preferences and routines. These were reviewed regularly to ensure information was current. One relative told us, "My family member was recently discharged home after a hospital stay and the manager met with us to review their care plan."
- The provider was responsive to people's needs. One person had a hearing impairment and their hearing aid was not helping. The provider supported this person to access an audio assessment and a new hearing aid gave them improved hearing.
- Daily notes were completed by staff to record how people's needs had been met. This meant staff had the information they needed to provide continuity of care and to respond to any fluctuations in people's health or wellbeing.

Improving care quality in response to complaints or concerns:

- There was a complaints policy, and the provider told us no complaints had been received. They added, if a complaint was received this would be recorded and action taken to address the issues in line with the organisations policy.
- Although people had not had cause to complain, they told us they were confident any issues would be dealt with by the provider. One person told us they would 'tell the manager' if they needed to complain and one relative commented, "I'd know if my family member was unhappy about anything and I'd speak with the manager, but everything is great. We've no complaints."

End of life care and support:

- No one was receiving end of life care. The provider told us they would support people with end of life care if they wished for this and would work with other healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was given to staff in a 'handbook', which they could refer to or discuss with the provider.
- The provider shared their mobile telephone number with staff who told us they were 'always available' and 'always replied straight away' to any text message sent asking for guidance.
- Relatives commented on the 'very good communication' between the provider and themselves.
- The provider and staff were clear about their roles, and had a good understanding of quality performance, risks and regulatory requirements.
- The provider demonstrated they understood when they would need to send CQC notifications of incidents and events in line with legislation. None had been sent because there had not been any such incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- There were systems in place for gathering the views of all stakeholders. Annual questionnaires were sent to people using the service, relatives, staff and professionals. Results were analysed to identify themes and areas for improvement.
- Staff meetings were held and staff could raise items for discussion in addition to the planned agenda. Staff told us they felt confident to make suggestions knowing their views would be listened to.

Where a need was identified, the provider ensured people were referred to other healthcare professionals to ensure people lived their lives to their maximum potential.

Continuous learning and improving care:

- The provider told us about their plans to 'grow the service slowly' with an ethos on good care and support.
- Regular audits were carried out by the provider and actions taken to make improvements when needed.