

Special Care Services Limited

Special Care Services - Main Office

Inspection report

546a Burton Road
Littleover
Derby
Derbyshire
DE23 6FN

Tel: 01332608138

Date of inspection visit:
05 February 2019

Date of publication:
06 March 2019

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:

Special Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 45 people.

People's experience of using this service:

People were safe in their home and there were enough staff to fulfil the visits to people.

People received the medicines they needed safely.

Staff understood their responsibilities about keeping people safe.

Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service.

Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.

Staff had received the training and support they needed to carry out their roles well. People had confidence in the staff and were content with the care they received.

Care plan information focused on a person-centred method of supporting people. Information contained what support was required and consent to care forms had been signed by people who received a service from Special Care Services.

Risks associated with nutritional needs were identified and managed. People received the support they needed to have a healthy diet.

People were supported to access health care services when they needed to. Staff described positive working relationships with health care professionals.

Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

There was a clear management structure that supported staff well.

Governance arrangements were embedded within practice. Regular audits identified any shortfalls in provision of care.

More information is in the full report.

Rating at last inspection: Good (published 27 August 2016).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Special Care Services - Main Office

Detailed findings

Background to this inspection

The 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 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.

Inspection team:

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

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Notice of inspection:

This inspection was announced and took place on 5 February 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five relatives to ask about their experience of the care delivered. We

spoke with the registered manager who is also the provider. We also spoke with the deputy manager, the care co-ordinator, one senior carer and two care staff.

We looked at the care records for six people, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

Systems and processes

- We found care records we looked at included risk assessments that covered mobility, health and safety, the environment, falls and medication. Information contained details comprised of the person's level of independence and action to support them. Records were signed by people who used the service or a relative to ensure their understanding of protocols to reduce risk.
- The provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Safeguarding was included in the provider's training plan.
- In discussions with staff, they confirmed they completed safeguarding training. This was also confirmed in training records. Staff knew the different types of abuse, the signs and symptoms which would alert them to concerns and the action to take to refer to other agencies.
- Relatives told us they had no concerns about the service. Comments included, "I am very happy with the service" and "The staff include me in everything and I was involved in staff recruitment."
- The provider had good recruitment practices, which ensured employment checks were in place before staff started working with people. These included application forms to assess gaps in employment, references, an interview and a disclosure and barring (DBS) check to ensure there were no exclusions from working in care settings. New staff had a probationary period and meetings to check their progress.

Staffing levels

- There were sufficient numbers of staff to meet people's needs. The registered provider ensured consistency of staff for people. One relative said this had improved since the last inspection which they appreciated as consistency of staff was important to their relative.
- Most relatives said staff usually arrived on time and stayed for the right length of time. Comments included, "Staff always stay for the right time." "They can be late at times but it's usually 10 minutes due to traffic, it's not really a problem." "Sometimes if the work is done they leave. They could stay to chat for a little longer."
- When new staff started work, they shadowed more experienced staff to learn about people's needs.
- We checked the recruitment records of three staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Using medicines safely

- People who received help with their medicines told us they received their medicines on time and as prescribed.
- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for

example, missed signatures, where found.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The registered manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- People told us they were in control of their support. One relative told us how their relative was involved in their care. They said, "Care gets delivered in their way and at their pace."
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

Adapting service, design, decoration to meet people's needs

- We looked at the arrangements the management team had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs.

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

- People's needs were assessed before the service began to provide support.
- People's needs were planned and regularly reviewed to ensure they received support that met their changing needs.

Staff skills, knowledge and experience

- Staff had access to a range of training, which helped them be confident when supporting people and promoted individual skills and development. Staff said the training met their development needs. Their comments included, "Training is plentiful" and "The training is always helpful." Records showed staff completed training and there was a system of indicating when updates were required.
- Staff had formal supervision to discuss their training needs and personal development although, the provider recognised this needed to be more structured and frequent. They told us this included discussion about the people they supported, work load, personal performance, targets and training needs.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People we spoke with told us they were happy with the support they received with their meal preparation.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal

preparation.

Staff providing consistent, effective, timely care within and across organisations

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with continence care specialists.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "The staff are fantastic and very caring." And, "All the staff are caring."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- Staff knew their preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "I take my own washing to the laundry." Another person told us, "I do some cleaning. I clean this lounge. I peel the potatoes and make my own drink now."
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

- People's assessments were thorough and the care plans included information from health and social care professionals involved in their care and support. The care plans assisted staff to support people in a very individualised way.

Personalised care

- People told us they received support in the way they preferred. One relative said, "They [staff] do what is needed to help [person] and ask, if there is anything they can do."
- People said as they had regular staff, they had built good relationships and knew their likes, dislikes and preferences.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported.

End of life care and support

- Where the service currently, or previously supported people at the end stage of their life, staff worked alongside other healthcare agencies to ensure they received appropriate care. The service had provision for staff training in 'end of life care'.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this.
- People told us they knew how to complain about the care if they needed to. People told us they had not made any complaints, but if they had a concern they were happy to speak to staff; and they felt confident that these would be listened to and acted upon.
- The registered provider had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Leadership and management.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered provider promoted an open culture within the service and was able to describe the action they would take and how discussions would take place in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The provider had a quality assurance system in place which consisted of audits, checks, surveys and response to feedback. Those audits seen included medicines, documentation, health and safety and accidents/incidents. Action plans were produced to ensure any shortfalls were addressed. The registered provider was in the process of developing these checks to ensure they were more frequent and robust.
- The registered provider had clear core values. There were clearly defined expectations for the management team, which included them being a role model for staff. There were regular meetings for senior staff to discuss progress with improving aspects of the service.
- Staff confirmed communication and morale was good. They also said the management team were supportive. Comments included, "It's a great place to work", "It's friendly but professional, the management team are very accessible and supportive."

Engaging and involving people using the service, the public and staff.

- Staff meetings were held regularly and frequent spot checks at people's homes were carried out to ensure the service was monitored and continued to develop. Staff told us the meetings were useful and well attended and gave them opportunities to suggest ideas or voice opinions on how the service operated.

Working in partnership with others.

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as G.P's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.