

Select Homecare Direct Ltd

# Select Homecare Direct

## Inspection report

19 Old Pawlett Road  
West Huntspill  
Highbridge  
Somerset  
TA9 3RH

Tel: 01278795342

Website: [www.selectcaredirect.com](http://www.selectcaredirect.com)

Date of inspection visit:

16 May 2017

17 May 2017

Date of publication:

20 June 2017

## 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

This inspection took place on 16 and 17 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Select Homecare Direct provides personal care to people living in the areas of Highbridge, Bridgwater, Burnham-on-Sea, Cheddar and surrounding villages. At the time of this inspection they were providing personal care for 50 people. They also provided a domestic service to people living in their own homes.

This was the first inspection of the service since they registered with the Care Quality Commission (CQC) in June 2015. No concerns were identified during the registration process.

There is 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.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with the registered manager during our home visits.

People's care needs were recorded and reviewed regularly, with the registered manager the person receiving the care or a relevant representative. All care plans included consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. The agency used an electronic system to record care plans which was only available to the care worker visiting the person. Staff could access the care plan through their phone at any time and updates were recorded and relayed immediately. Staff told us they found the system very useful as they would be aware of people's changing needs before they started their care visit.

People who received personal care and support from Select Homecare Direct told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One person said, "They are just brilliant I look forward to them coming. [The care worker] is such a ray of sunshine."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed the registered manager took time to talk with people during our home visits and listen to any suggestions they had. People told us they knew all the staff providing care and support for them and they had been able to build lasting relationships which meant they felt they could

trust the care workers they met. This meant people experienced consistency in the way their care and support was provided.

People told us the agency was flexible in the way it provided care and support. People explained that they could change appointments to meet their lifestyle needs or to assist them during visits to the hospital or the doctor.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate.

Select Homecare Directs' statement of purpose (this is a document services must make available for people), stated the company's intention was to, "provide a high standard of care and compassion for each and every service user." The registered manager explained that they wanted to see people receive, "A high standard and quality of care, but did not want to lose sight of a family business providing a consistent level of care and support to people." Staff spoken with shared the registered managers vision to provide a high standard of care to the people they supported.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. Any incidents and accidents would be monitored, trends identified and learning shared with staff to put into practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had a clear knowledge of the people they provided care and support for.

The service was flexible to make sure people received support that was person centred and met their changing needs and wishes.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

### **Is the service well-led?**

The service was well led.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to monitor the quality of the service and to seek people's views.

There were robust contingency plans in place to deal with staff shortages and adverse weather.

**Good** ●

# Select Homecare Direct

## Detailed findings

### Background to this inspection

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

This inspection took place on 16 and 17 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

This was the first inspection of the service since they registered with the Care Quality Commission (CQC) in June 2015. No concerns were identified during the registration process.

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

Select Homecare Direct provides personal care to people living in the areas of Highbridge, Bridgwater, Burnham-on-Sea, Cheddar and surrounding villages. At the time of this inspection they were providing personal care for 50 people. They also provided a domestic service to people living in their own homes.

We visited four people in their homes. We also spoke with four staff members as well as the registered manager who is also the nominated individual, and a company director.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits, three staff recruitment files and staff training.

# Is the service safe?

## Our findings

The service was safe. Everybody we spoke with said, they felt safe with the staff that supported them. One person said, "I feel very safe, they are all very kind." Another person said, "Yes I do feel safe I look forward to [the care worker] visiting."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. Training records held by the service showed all staff had completed this during their induction before they worked with people. Staff confirmed they had received training in safeguarding vulnerable people. All staff spoken with said they would not hesitate to raise any issues with the registered manager. They were also aware of the external agencies they could approach if they had any concerns.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

At the time of the inspection there were sufficient staff to meet the needs of the people they provided care and support for. The registered manager explained that they would only take new people on their books if they had sufficient staff to cover the extra time needed. The registered manager also carried out care hours to cover unexpected leave or when staff were delayed due to an emergency or traffic conditions. This meant people could be assured that a member of staff who knew them and their needs would be available to provide their care and support.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "I can't fault them they are always on time if there is an emergency they need to deal with or road works they will call and let us know." The registered manager confirmed they would call people if there was a possibility that staff may be delayed. The registered manager explained how they were in the process of introducing a new system that would enable them to monitor whether calls and care had been carried out in real time.

We saw the new electronic "PASSsystem" showed when the visit had been started and when the care had been carried out. The PASSsystem was used to plan visits and staff rotas. Care workers had access to care plans and daily records for the people they were scheduled to visit on an 'app' on their mobile phone. Office staff could monitor these through the day so they could be alerted immediately to any calls that had been missed. This meant people could be reassured that they would receive the planned care at the correct time

especially if the visit was time critical for medication or appointments.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was also safe for staff to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, prompting staff to check if people had their piper lifeline (this is a system connected to the telephone which enables people to call for assistance from a central call centre) and any mobility aids near at hand before they left. Risks to staff were also recorded with actions in place to minimise the risk. For example the access to one house had been identified as in a very dark place so staff had been issued with torches and it was clearly recorded that staff needed to use torches during the winter months.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

There was a system in place to record any accidents or incidents that occurred. No accidents or incidents had happened at the time of the inspection. The registered manager had a clear protocol to follow. Any accident or incident would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident would be analysed to establish any trends or patterns to identify if changes to practice needed to be made.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required, for example just prompting or reminding a person to administer prescribed medication from a blister pack. Records showed staff received 'managing medicines' training during their induction and the registered manager monitored their competency during spot checks.

People confirmed staff used personal protective clothing to ensure they were protected from infection. Staff were observed collecting packs of gloves and aprons from the office. One staff member commented on the availability of protective clothing. They said "They [the registered manager] are really good they provide an endless supply so we never have to worry about running out."

## Is the service effective?

### Our findings

The service was effective. People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They all seem very well informed and know what they are doing."

The registered manager confirmed they were in the process of introducing the Care Certificate which is a nationally recognised training programme. All new staff received basic training in the agency's essential subjects before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. One staff member said, "There is certainly plenty of training and opportunities to get qualifications like my NVQ" The new electronic system also showed staff could not be allocated work if their essential training was not up to date.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through team meetings, one to one meetings with the registered manager or spot checks. All staff spoken with confirmed they experienced regular spot checks, when the registered manager would arrive unannounced during a care visit. The registered manager explained that during the spot checks they also asked people about their experiences and if there was anything they would like changed.

Some people needed support to prepare a meal and ensure they had sufficient food and drink. People's care plans were very clear about the way the person preferred to be supported and how staff should ensure they had sufficient fluids through the day. Care plans were also very clear about supporting people to remain as independent as possible and how staff would involve them in meal preparation. Care plans were also clear about people's likes, dislikes and any allergies. This meant people were supported to be independent and received sufficient help to maintain a healthy diet.

People only received care with their consent. Care plans contained copies of up to date consent which had been agreed by the person receiving care, or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff spoken with had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. At the time of the inspection nobody lacked capacity to make an informed decision. However we found the registered manager was aware of their responsibility to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed.

## Is the service caring?

### Our findings

The service was caring. People said they were supported by kind and caring staff. All of the people spoken with were happy with the service and people said staff were, "Caring, helpful and kind." One person said, "They are perfect, I couldn't ask for better." Another person said, "I look forward to their visits, they are always kind and do what I want, nobody dictates anything." Whilst a third person said, "She [a care worker] is a ray of sunshine. I like them all they take the time to listen to me."

During our home visits we observed the registered manager had a very good rapport with people. All the staff we met were very cheerful and spoke fondly of the people they provided care and support for. They presented themselves as very caring and compassionate when they explained their role in the person's home. Even though it was not a scheduled visit the registered manager offered to get people a cup of tea whilst we were in their home. The registered manager introduced us to the people we visited and asked people if they would be happy to talk to us even though they had explained we would be visiting previously. This meant people's wishes were respected and they gave consent before we entered their home.

People commented on the consistency of the staff team. One person told us, "I like having a regular group of girls. I know who is coming and when." Another person said, "It's really good I know all the girls and I know this one here [indicating the registered manager]." The registered manager confirmed that as the agency grew they would continue to provide consistency for people by giving staff regular routes on their visits.

People said the carer workers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice. People said staff treated them with respect. One person said "They spoil me, they are brilliant all very polite and very friendly."

The registered manager explained how at Christmas they cooked Christmas dinners and took them to people they supported who were either on their own or unable to cook a large meal. They said they would be doing this as a regular Christmas support for people. They also said they had future plans to take people out as a group on outings. They had already purchased a people carrier with access for a wheelchair and were looking into the finer details needed for the planning.

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. For example one person wrote to the agency saying, "She [care worker] was exceptionally kind to us all and made a difficult situation bearable, pass on our thanks for a job extremely well done with humour and compassion."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. The reviews included questions about how happy they were with the care and support or if there were any changes they would like made. The registered manager carried out care visits so was able to re-assess and review people's care needs personally. An initial contact was made with people by telephone following the first few weeks of care

to discuss any changes that might be needed. People told us they felt they maintained control over their lives and the care and support they received.

Staff and the registered manager were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

The service was responsive. People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after. One person said, "They listen to me and do what I want that is what is important." During our visits the registered manager listened to people and responded to their needs. For example one person said, "They are all brilliant but they don't know how to wash up." The registered manager asked if this was something they wanted done and agreed to highlight this in the care plan and talk to staff.

The agency's initial assessment documents showed people were asked if they had a preference of care worker. The registered manager confirmed that if a person said they only wanted a female or a male care worker the agency would respect their wishes. People said they could express a preference for the care worker who supported them.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the person's needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered.

The registered manager explained how they would be honest with people about the times they could provide care and support at the assessment stage. Following the initial visit, care plans were developed outlining how their needs were to be met. One person said they had discussed their care plan with the manager and it had been agreed with them.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. For example one person explained how they missed talking with people and looked forward to a good chat when the care worker arrived.

The agency had moved to using an electronic care plan system called "PASSsystem." These recorded all care needs and daily visits. Care workers would only have access to the information about a person if they had been allocated to carry out their care. The PASSsystem works in "real time" with staff updating the care provided and any observations at the time of their visit. This would be immediately available for other care

workers and the registered manager. One care worker said they would read the PASSsystem before they went into one person's home and found it was really good to have the up to date information before they walked in, rather than wasting time reading written notes once in the person's home. We asked the registered manager how they ensured families and professionals were able to know what care had been provided. They confirmed family could access the system and see how their relative was progressing with the person's consent. The manager explained this had meant that relatives living abroad could keep up to date without them needing to email progress reports. Professionals such as paramedics or social workers could temporarily log into the system in an emergency or during a review visit. When they left the immediate area of the person's home they would no longer have access to the information. This meant people were protected from their personal information being used without their consent.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The registered manager confirmed they would visit the person to assess the changes and discuss the need for any additional support or equipment. They said if the person required new equipment they would arrange training for staff in its correct and safe use.

People told us how the agency could be flexible. One person explained how their visit times could be changed to enable the care worker to support them with visits to the hospital or doctor. They explained how it helped them to have someone with them who could recall what was said and relay it back to their family and the office. The registered manager explained how being flexible meant they could support people who were in the area on holiday. They had also managed to support one person to go on a cruise. This meant people were supported by an agency who could respond to their changing needs and expectations.

The agency had a clear policy and procedure on managing concerns and complaints. The policy included timescales and a follow up with the complainant. No Complaints had been received at the time of the inspection. People said they felt they could complain if they needed to, they were sure the service would respond to their concerns. One person said, "No need to complain and I know the manager so can always talk to her I know she would sort anything out."

## Is the service well-led?

### Our findings

The service was well led. People described the service as being well run. One person said, "It is very well run and organised." The registered manager was appropriately qualified and experienced to manage the agency. They had completed training and held qualifications in health and social care and leadership and management. They kept their skills and knowledge up to date by reading, attending further training and visiting care road shows. The registered manager was also a member of a local care providers association where they could meet other care providers and share good practice ideas.

People told us the registered manager was open and approachable, they confirmed they knew how to contact them both during and outside office hours, One person said, "I know [the registered manager] she is really good and if she is not around I can ring the office, nothing is too much for them." There was an open door policy at the office and throughout the inspection staff came to the office to speak with the registered manager.

Staff morale was high and all the staff we spoke with were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work. One staff member said, "I love it; it is like being part of the family. They are very supportive and take the time to listen, not just to the people we support but their staff as well". Another staff member said, "The registered manager is very particular she likes a job to be done well and that can be seen throughout the agency."

Select Homecare Directs' statement of purpose (this is a document services must make available for people), stated the company's intention was to, "provide a high standard of care and compassion for each and every service user." The registered manager explained that they wanted to see people receive, "A high standard and quality of care, but did not want to lose sight of a family business providing a consistent level of care and support to people." Staff spoken with shared the registered managers vision to provide a high standard of care to the people they supported.

There was a business plan in place to enable the agency to expand at a steady rate. All documentation in use was robust enough to support a larger agency. For example care plans were very comprehensive and provided clear details for staff to follow. The agency had already started to use the PASSsystem which is a visit planning and monitoring system. This enabled staff to understand changes in people's care needs before they arrived. The recruitment process was robust and minimised risks to people. The registered manager told us they wanted to expand the business however they did not want it to have an adverse impact on people's care. A recruitment programme was on-going and prospective staff were being assessed for their suitability to provide care for vulnerable people.

People benefitted from an agency which monitored the quality of the care provided and had a commitment to on-going improvement. There were quality assurance systems which included announced and unannounced spot checks on staff working with people in their own homes. There were satisfaction surveys

to gauge people's views and seek suggestions for any improvements which could be made. A customer satisfaction survey carried out in February 2017 showed that people were satisfied with the service they received. Where concerns had been raised the registered manager informed staff and arranged refresher training. For example, comments had been made about some staff failing to wash their hands. The registered manager informed all staff of their responsibility to ensure people were safeguarded from infection, and then called all staff in to attend refresher training in infection control. The registered manager also kept people informed of the actions they had taken following the survey.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. An appropriate four wheel drive vehicle was also available within the organisation if they were needed.

The registered manager was aware of the legal responsibilities of being a registered person and although they had not needed to notify the Care Quality Commission of any significant events they were aware of their legal duty.