

Southport Home Care Limited

Southport Home Care

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 7 & 8 May 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

Southport Home Care is a domiciliary care agency that provides personal care and support to people in their own homes. Southport Home Care is based in Southport and provides care for 9 people in the Southport and Formby area. They provide personal care for people with physical disabilities and older people.

The service had 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 who used the services of the agency told us they felt safe when receiving care and support. This included support with personal care, help with meals and also with medication.

Summary of findings

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm. Assessments had been completed for everyone who was receiving a service to help ensure people's needs were met. Risk management plans were implemented and followed by staff to help ensure people received safe and effective care.

People told us care staff supported them with their medication at a time when they needed to take it. They said this was in accordance with their wishes and needs. Medication was recorded correctly. The medication administration records we viewed were clearly presented to show the treatment people had received. Medicines were safely administered by suitably trained staff.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. We found Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that some recruitment procedures were not always carried out appropriately. We found the registered manager had not taken up any references for two recently recruited employees. This meant they were unable to confirm they were of good character and suitable for the work. You can see what action we told the provider to take at the back of the full version of the report.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

Staffing levels were determined by the number of people using the service and their individual needs. People told us that they received care from a regular team which they felt was very important. Two relief care staff had been recruited to cover emergencies, sickness, annual leave and to help provide extra support where needed.

People's care needs were assessed. The care records we looked at showed that a range of assessments had been completed depending on people's individual needs.

Records were regularly reviewed which helped to ensure the information written in them was current. Support plans had been completed to guide staff as to what people required and what they could do for themselves. People told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them.

People's care needs were recorded in a plan of care in an individual care file. The care plans recorded details around people's routines, preferences and level of care and support they required. This helped to enable staff to support people to meet their individual needs. With regards to people making their own decisions, people we spoke with informed us they were able to do so and were involved as much as possible regarding decisions about their welfare.

People were supported at mealtimes in accordance with their plan of care. People told us the staff prepared the foods they liked.

Care staff were available to support people to access health care appointments if needed. Care records we looked at showed the agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

The registered manager and care staff were available to contact professional advice when people's health deteriorated.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity. Staff understood what people's care needs were. Staff supported people's independence in their home.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service. The registered manager contacted people either by telephone or by visiting people in their homes.

Summary of findings

Systems were in place to monitor the quality of the service provided. This included audits (checks) on areas such as, care documents, medicine administration and also meetings with people to ensure they were happy with the care provided.

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?

The service was not safe.

Staff had not been recruited safely to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. However references from some staff's previous employers had not always been requested and received to confirm staff were of good character and suitable for the work.

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse.

Risk assessments and support plans had been completed to protect people from the risk of harm.

People told us care staff supported them with their medication at a time when they needed to take it. Medicines were safely administered and recorded correctly by suitably trained staff.

There were appropriate staffing levels to meet the needs of people who received a service from the agency.

Requires improvement



Is the service effective?

The service was effective.

Care staff had training and support through induction, a programme of training, supervision and appraisal.

Care staff supported people who used the service with their meals as required and in accordance with their plan of care.

Care staff were available to support people to access health care appointments if needed. The agency liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required.

Good



Is the service caring?

The service was caring.

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind and considerate and that they were treated with dignity.

Good



Summary of findings

Staff understood what people's care needs were. Staff supported people's independence in their home and the community. We saw that they interacted well with people.

Is the service responsive?

The service was responsive.

People's care needs were assessed. We saw that information recorded in people's person centred plans and risk assessments were regularly reviewed.

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

People who used the services of the agency were able to provide feedback about the quality of the service when the registered manager visited them in their home.

Good



Is the service well-led?

The service was well led.

Systems were in place to monitor and develop the quality of the service. These included audits of care records and medicines.

Staff we spoke with were positive in respect of the overall management of the agency and the supportive leadership provided by the managers.

The agency had developed good links with health and social care professionals. Positive and complimentary feedback demonstrated the knowledge of the management team to provide a quality service for the people they supported.

Good



Southport Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 7 & 8 May 2015 and was announced. The provider was given 48 hours' notice. This is in line with our current guidance for inspecting domiciliary care agencies.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. We usually request a Provider Information

Return (PIR) but had not done so prior to this inspection. A PIR 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 looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spent time with two people who received a service and one of their relatives. We did this by visiting people in their own homes. We spoke with another relative by telephone. We also spoke with the registered manager, the deputy manager and two care staff.

We reviewed a range of records which included four care records for people who used the service, five records of staff recruitment, staff induction, training and supervision, medication records, the provider's policies and procedures, safety and quality audits and records related to the overall management of the service.

Is the service safe?

Our findings

People who used the services of the agency told us they felt safe when receiving care and support. People's comments included, "I feel that the staff know what they are doing; they know how to use the equipment I have", "The staff check the security of my home before they leave. I feel safe knowing the doors are locked for me."

We looked at staff recruitment records. We found application forms had been completed and applicants had been required to provide confirmation of their identity. Staff had been recruited to ensure they were suitable to work with vulnerable people. Disclosure and Barring Services (DBS) checks had been carried out prior to new members of staff working. We found that references from some staff's previous employers had not always been requested and received. We were told by the manager that references for some employees had been taken over the telephone but no record had been made of these conversations. The manager confirmed that they and the deputy manager had worked with these particular staff before. However the manager had not requested references from previous employers for staff who had recently been recruited by the agency. References are

required to confirm staff are of good character and suitable for the work. **This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Risk assessments and support plans had been completed for everyone who was receiving a service to help ensure people's needs were met and to protect people from the risk of harm. Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of entry key codes and equipment such as, hoists and walking frames to transfer people safely. A person told us they felt safe when staff were using equipment to transfer them.

People told us care staff supported them with their medication at a time when they needed to take it. Medication was administered safely. Medicines were safely administered by suitably trained staff and recorded correctly.

There were appropriate staffing levels to meet the needs of people who received a service from the agency. People told us the visits to them by the care staff were on time and always stayed for the full hour.

Is the service effective?

Our findings

Care staff had training and support through induction, a programme of training, supervision and appraisal. We saw that staff who had recently started work with Southport Home Care were completing their induction. We spoke with one staff member who confirmed this. The induction was thorough, consisting of a shadow shift, an observation shift and an assessment of staff's recording skills. New staff received a review after the first three months in their role with the agency. The agency had an 'induction checklist' document, to show where people were up to in their induction and what they still had to complete. We found this document was not used by the manager, although they knew what staff had done. We spoke with the manager about this during the inspection and they agreed they would use this document to assist them.

We found that care staff who had started working at the agency with no previous experience worked alongside the managers and experienced care staff to gain the knowledge of the job. The manager told us that this also gave them the opportunity to assess the new staff member's performance in the job. We spoke with one new staff member. They told us they felt working alongside experienced staff gave them more confidence and they learned what was expected of them when they supported people.

Staff received a programme of mandatory training. The agency had recently changed the way they delivered some of its training. The manager had purchased DVD's and watched them with staff to discuss the training after watching the DVD. One of the managers told us they found this very useful to help to ensure staff had understood the training they had received. They said it provided the opportunity to discuss any issues staff had about the training course.

Staff received training in fire safety, moving and handling, food hygiene, infection control, safeguarding adults and first aid. Staff also received training relating to the people they supported, such as dementia care and nasal gastric care and in the use of specialist equipment.

We asked staff about their training and they all confirmed that they received training when they had started in their role. Records we saw confirmed this. This helped to ensure that staff had the skills and knowledge they needed to meet people's needs.

Staff we spoke with told us they received supervision and support. The registered manager informed us they held supervision regularly with staff; this took place at the end of a call or visit. We found this was in accordance with the provider's supervision policy. Staff we spoke with confirmed this. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All the current staff team had received an appraisal. We saw evidence of this in the employee files we looked at.

People's care needs were recorded in a plan of care. Care plans included information about the assistance people required with personal care, medication and making meals. Staff were available to support people to access health care appointments. Care records we looked at showed the provider liaised with health and social care professionals involved in people's care if their health or support needs changed or if their advice was required. One relative told us "My family member needed the doctor and the district nurse and the manager sorted it for me. I only had to ask."

Staff used daily records which were completed in people's homes to demonstrate what support had been provided.

Care staff supported some people who used the service with their meals according to their plan of care. People told us the staff provided meals and snacks to their liking. One person told us, "Staff leave me a flask of hot coffee and sandwiches to make sure I have enough to eat and drink until they visit again."

We saw the care staff were matched to the people they supported according to the needs of the person, ensuring any cultural needs were met. One person who received a service told us that the manager completed a compatibility assessment with them before their service began. We saw this was recorded in people's care records. We asked people if they felt confident in the way the care staff supported them. Their comments included, "The carers are very good. I have total trust in them when they use the equipment I need" and "I like having carers who are more my own age".

Is the service caring?

Our findings

People who used the services of the agency were complimentary regarding staff; they told us all staff were kind, considerate and respectful and that they were treated with dignity. Their comments included, "I took a liking to them all straightaway", "They are always cheerful" and "They cheer me up when they're here."

Relatives we spoke with were complimentary regarding the attitude of staff. Their comments included, "The staff and my family work as a team. The staff do above and beyond what is expected of them", "The staff are amazing; I can't thank them enough for all they have done for my family."

We observed staff arriving at a person's home. We saw they interacted positively with the person and asked how the person was that day. They also checked to make sure the person was happy with the support they were going to provide. The staff checked on the person's welfare and comfort before leaving them. One person who received a service told us, "The staff always ask me if there is anything else they can do for me when they visit."

We asked people who received a service if staff maintained their privacy and dignity when supporting them with personal care. Two people we spoke with confirmed they did. They told us the staff were very professional in their manner.

Staff spoke positively about their job. Staff understood what people's care needs were. We spoke with staff about the people they supported. They showed an understanding of their support needs. Staff told us the information recorded in the care records helped them understand what support people required.

If a person's needs changed or if they noticed a person was unwell, care staff told us they would record this in the daily record and call a doctor if this was needed. One staff member we spoke with gave us examples of when they had called a person's GP which resulted in the person receiving medical attention.

Is the service responsive?

Our findings

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them. We spoke with two people who received a service. They both told us they had chosen the times staff visited them.

People's care needs were assessed. We saw that information recorded in people's care plans and risk assessments had been regularly reviewed. The manager told us how a person's care plan was developed and this included the initial assessment with the person and/or with relatives and other health and social care professionals if required. People told us they had been consulted with regard to the care and support they needed when they started using the agency and this consultation was on-going.

We looked at a range of care documents in four people's care files. This included a care needs assessment and plan of care in accordance with people's individual needs. Care plans recorded a lot of detail to ensure people's support was tailored to their individual choice and preferences. This included a comprehensive account of people's day time and evening routines and how staff were to support people within this routine. Information recorded included people's likes and dislikes in relation to food and personal care.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint. People told us they would speak up if unhappy and speak to the manager.

People who used the services of the agency were able to provide feedback about the quality of the service when the registered manager visited them in their home. The agency was a small provider and the manager visited the people who received the service regularly either to provide their care or to gather their views on the service. The manager told us that they preferred to carry on in this way whilst they could due the small number of people the agency provided care and support to. We found the manager and deputy knew the people who received a service and their relatives well.

Care staff told us they would have no hesitation speaking with the manager if they wished to raise a complaint or to raise a complaint on behalf of a person they supported. They said the manager would deal with it immediately.

People who received a service told us that the agency was able to provide a flexible service if required. One person told us the agency was able to rearrange the time they provided support to 'fit in' with a hospital visit, to ensure the care was still provided that day. Another person we spoke with told us how they had required additional support for a few days when a family member was unable to visit them. They told us that the agency was able to provide the additional hours in full and without delay.

Is the service well-led?

Our findings

We asked the staff to tell us about the management of the agency and if it was well led. All staff we spoke with were positive in respect of the overall management of the agency and the caring, supportive and efficient leadership of the manager. Their comments included, “I can’t fault the staff or the manager; everyone is very helpful to me” and “I can ring the managers at any time to discuss any concerns I have.”

One person who received a service told us how they had met with the manager before deciding on using the agency to provide their support. They told us, “I interviewed the manager for two hours. I took to them straightaway. They were very honest and open with me.”

There was a registered manager in post. The registered manager was supported by a deputy to oversee the management of the agency. Care staff reported that ‘everyone worked as a team’ to make sure people received the care and support they needed. Staff we spoke with were positive in respect of the management of the agency and the support they received from the managers.

The agency supported nine people. The registered manager was driven to provide a quality and personalised service. This meant that people who used the service received the care and support when they needed it. The manager ensured they met with people and their relatives on a regular basis to ensure that people were satisfied with the care provided.

We found that the management team led by example and provided direct care to people who received a service. They directly supported new staff. Checks were also carried out to make sure care staff were working in accordance with people’s plan of care. This helped to ensure staff were carrying out their role safely and correctly.

We found that the registered manager and deputy manager had failed to follow recruitment procedures completely. We found a failure to follow up the requests for references or record references they had taken over the telephone. They had worked with many of the staff they had employed in a previous care setting and knew their character and work ethic. However they were unable to give this assurance for new staff recently employed, to help ensure they were of good character and suitable for the work.

Systems were in place to monitor and develop the quality of the service. These included audits of care records and medicine administration records.

The managers ensured staff were informed of changed in people’s needs and circumstances by sending text messages and visiting the people’s homes to update daily records and care plans.

The agency had policies and procedures in place to promote safe working and ‘best practice’. A number of these policies were discussed at staff induction. The manager had recently introduced group training sessions led by the manager or the deputy manager. They told us they found this useful to get to know their staff team and to check out staff’s understanding of the training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with unsuitable staff because of the lack of established and effective recruitment procedures. Regulation 19 (2).</p>