

Somerset Homecare Services Ltd

# Somerset Homecare Services Ltd

## Inspection report

Unit 24, Pure Offices  
137 Pastures Avenue, St Georges  
Weston-Super-Mare  
Somerset  
BS22 7SB

Tel: 01934808628

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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 risks because assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks.

People were being protected from abuse because staff understood the correct processes to be followed if abuse were suspected.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff. There were enough staff to meet people's needs.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

### Is the service effective?

Good ●

The service was effective.

People and relatives told us their needs were met and praised the care and support people received.

People were supported by staff who had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were protected because staff were aware of the requirements of the Mental Capacity Act 2005.

Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

### Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's

individuality and spoke to them with respect.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

The service had links to local advocacy services to support people if required. People used the advocacy services available.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had care plans which detailed their care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

People could be confident concerns and complaints would be investigated and responded to.

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

**Good** ●

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

# Somerset Homecare Services Ltd

## **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 25 and 26 January 2017 and was announced. The provider was given 48 hours' notice because the location provides care in the community and we wanted to be able to speak with some people using the service. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During our inspection we spoke with two people who used the service and one relative. We also spoke with three care staff, the registered manager and nominated individual. Nominated individuals play an important role in registered services. They have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided. We looked at the care records for eleven people. We also looked at records that related to how the service was managed, such as minutes of meetings, training records, four staff files including the registered manager's, emergency procedures and a variety of audits. After the inspection, we telephoned four people who used the service and three members of staff.

# Is the service safe?

## Our findings

The service was safe.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. Everyone we spoke with told us they felt safe using the service. People said, "Perfectly safe", "Absolutely safe" and "Of course I'm safe."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said that if they had concerns then they would report them to the manager or the provider. If they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. Staff said, "I would report to the office and they would follow procedures" and "My role is to report anything, if the manager didn't do anything then I'd whistle blow, but that wouldn't happen because they would do something immediately." This meant staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager had notified the local safeguarding authority, and CQC of safeguarding incidents.

People told us they felt safe with the staff who supported them. Staff told us about a time when they were worried about one person's health, they said, "We were quite concerned" and "We made the office aware and the rest of the care team." The person told us, "I appreciate all of them, they're wonderful. I couldn't be looked after better."

Risks to people were identified using assessments. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly. Staff told us, "Risk assessments are always done before people start with us, and they're updated before they come home if they've been in hospital" and "All the necessary assessments are done and the care plans are updated if anything changes." One person receiving support had a complex medical condition and there was a clear risk assessment and plan in place of how to manage this. A relative said, "When [name] had a problem with a catheter they sorted it out straight away." Risk assessments were in place for the person's home, such as if there were any steps to negotiate or any equipment staff needed to use, as well as for people's healthcare needs. Staff said, "The risk assessments give me the information I need" and "They're updated on a regular basis."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The provider had a policy and procedure for recording and monitoring accidents and incidents. Only one accident had occurred; this involved a member of staff.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Rotas showed the service was staffed by the appropriate numbers of staff to complete the number of visits that had been booked. People were able to privately arrange for the support they required to be delivered. People and staff all confirmed people were given rotas regularly, and people told us they knew the staff who would be visiting them.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Appropriate checks had been completed to ensure staff were suitable to work with vulnerable people. Staff personnel files contained copies of their application form, documents proving their identity and eligibility to work in the UK, their terms and conditions of their employment, two satisfactory references and confirmation that a satisfactory criminal records check had been obtained. Staff told us, "They were very thorough and checked everything"

There were safe medication administration systems in place. People's medicines were administered by staff who had their competency assessed on an annual basis to make sure their practice was safe. People made their own arrangements for collecting their medicines. Most people were able to self-administer their medicines and staff prompted some people. People told us, "They just check to make sure I've taken my tablets". Where people received skin patches for pain relief, records showed these were applied according to the instructions. Records were also kept of the sites where the patches had been, so they could be put in a different place. This was important to ensure people got the right amount of medicine from the patches.

We observed staff prompting people to take their medicines, and saw this had been appropriately recorded in people's records. The staff responded to changes in people's medicine needs. For example, when one person had their medicines changed the carer made a note of this in the person's care plan, said they would notify the office and said they would check everything was being done correctly the following day. We saw everything the carer said needed to be done, had been done.

# Is the service effective?

## Our findings

The service was effective.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People told us, "I know I'm looked after", "They're so natural" and "See the attention I get? It's absolutely wonderful." Staff told us they were confident they had the training and skills they needed to meet people's needs. Comments included, "We get lots of training" and "We've done manual handling, first aid, infection control, safeguarding and others". Staff told us they were provided with the training they needed when they started working with the service, and were then supported to refresh their training. Staff said, "If we say we need something extra, they'll find the training if necessary" and "They wouldn't let me set foot in someone's house without doing the training." Staff explained to us how the provider was helping them to develop their skills and said, "They're teaching me how to do the rotas."

Staff completed training which included safeguarding, fire safety and moving & handling. Records showed most staff were up to date with their training, and where training was required, there was a training plan in place which covered any training staff needed. Some team meetings were used as an opportunity to refresh training, such as the code of conduct, safeguarding and whistleblowing. Staff also received specialist training, such as caring for people with a dementia, diabetes awareness, stroke or Parkinson's Disease.

People were supported by staff who had undergone a thorough induction programme, which gave them the basic skills to care for people safely. Records showed apart from one new member of staff who was completing induction, all other staff members had completed the Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. A new member of staff told us, "Whatever I need, I can either ring the office or go there. I've been taken to visit people and have shadowed for a week. Anything I'm not sure about, they'll talk through."

Staff told us the communications between the team were effective. Staff said, "I do find as a team we're able to communicate, for example if we find someone needs something the team will let the next carer know, and they can get it and pop back later" and "If someone needs something and you can't do it on the call, we let the next person know and it's done."

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions regularly, and we're in the office every week". Staff told us they felt supported by the registered manager, and other staff. Comments included: "They're great people to work for, really caring", "They take on board everything I say" and "We're always able to just pick up the phone or go into the office". Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

People were encouraged to make their own choices and decisions about their care and staff asked for their consent before assisting them with any tasks. Staff said, "People say what they want, they must be treated



with complete dignity and understanding" and "We always listen and treat people with respect."

Staff had a clear understanding of the Mental Capacity Act 2005 (the 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. Staff told us, "People say what they want and we respect that" and "The most important thing is to never expect people to do what they don't want to do, so if they don't want a shower, I'd make them a drink and respect what they want."

Families where possible, were involved in care planning and "best interest" meetings. A "best interest" meeting is where various professionals and family members make a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. Staff gave us examples of the kind of decisions made at best interest meetings, such as deciding the best way to provide skin care for someone who refused personal care.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. For example, one person's care plan stated, "Awaiting dietician review to build a healthy eating plan with the view to lose weight." Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. One person told us how staff helped them get their appetite back and had helped them organise their freezer. Another person told us staff knew exactly how they liked their coffee, and how much they liked to have chocolates in the evenings.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff told us, "If we notice people changing the managers re-do the assessments. Things can change pretty quickly so the managers are pretty good." People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

Staff worked alongside healthcare professionals such as district nurses, dieticians and occupational therapists. For example, one person needed twice weekly visits from district nurses. Staff told us, "We're aware of what people's needs are and know when we need to prompt them" and "Any concerns about people's health and we report on their record sheets and tell either the manager or the on-call."

# Is the service caring?

## Our findings

The service was caring.

Everyone told us they were happy with the care they received. People told us, "They're wonderful", "I love it; they're not carers, they're friends", "They do more than asked for and don't begrudge it" and "I love having them around." People and staff enjoyed good natured banter and one person laughed as they told us of their exploits while staff supported them to do their shopping. Relatives told us, "Staff are wonderful", "The owner is lovely, she gees [name] up" and "I'm well supported." Several people told us the owner popped in to see them regularly and they looked forward to these visits. Staff told us, "We're aware of what people's needs are and know when we need to prompt them" and "Any concerns about people and we report on their record sheets and tell either the manager or the on-call."

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. Comments from various surveys sent to people included, "Staff are very good and caring", "Very efficient, from the moment contact was made they have been very friendly; will recommend" and "I have found staff most helpful and cannot fault them in any way." Everyone spoke very highly of the staff and said, "I'm happy indeed, they're very nice, pleasant and I'm happy with my lovely carer", "They're so friendly", Staff told us, "This company is very compassionate" and "The owner will put her coat on and do the job herself."

Where people required support with their personal care they were able to make choices and be as independent as possible. Personal care is when staff provide support with intimate care such as washing and dressing. One person told us, "Staff encourage me to do what I can, then help with everything else." Staff told us, "I always ask, even if we're used to the person's routine", "If someone has a shower every day we still ask, in case they've changed their mind" and "We always give people choices, it's about not taking anything away from them."

People told us that staff were 'very considerate' when they assisted with personal care. One person told us, "They help me with personal care and go above and beyond; they go out of their way to ensure they respect my dignity and privacy." Relatives told us, "They shower [name] and change him in the bathroom, so his privacy is respected". Staff we spoke with said that their understanding of showing respect for people's privacy and dignity included making sure people were covered when receiving personal care. Staff said, "I work in stages, keeping people covered because it helps keep them warm as well" and "I always ask, talk them through what I'm doing, checking what they want because some people like their own routines and things like creams."

The service had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. People were provided with information about advocates when they started using the service and several people were using advocates.

All the people who used the service were able to express their views about their care. People who used the service said that staff respected their needs and wishes. People said that they would feel confident to speak to a member of staff if they were worried about anything. Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed. People told us, "They always ask before helping me" and "I'm very satisfied with the help they give me, they're very receptive to any changes I ask for" and "They're very committed to their jobs and do their best to satisfy me."

The provider had an equal opportunities policy which stated, "You have the right to practice your beliefs, religion or culture without constraint by restrictive practices". This information was available to people in the service user's handbook, which they were given a copy of. People told us, "It doesn't make any difference to staff what we do" and "I can do what I like."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. For example, one person had been provided with a profiling bed and specialist cushions to make them more comfortable. A profiling bed can be adjusted to reposition and support the elderly or disabled user, making them more comfortable than ordinary beds. A relative told us, "The owner told me, anytime I want help to ring them at home and they'll help."

## 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. Compatibility assessments were used which identified people's preferences for staff. The provider used this information to identify suitable staff. Staff were introduced to people before providing care and staff told us, "Every new member of staff is introduced to the client". People told us, "I couldn't do anything one day so I called them, they came straight away", "I'm certainly getting the care I need; actually I get more than I need" and "They really look out for me." Relatives said, "What they've done for me is wonderful, it's working out lovely" and "The owner was with me all morning, they're very supportive".

People were able to make choices about all aspects of their day to day lives. One person told us, "They respect my choices; for example I don't want certain things documented." Staff we spoke with were aware of this person's needs and reasons why the person did not want some records kept. Relatives told us, "They're very good, they're arranging for me to go to my club, as I need a break" and "If we want help with anything extra or change anything, they'll do it."

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances, for example their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences. People or their relatives told us they were involved in developing their care, support and treatment plans. People told us, "I'm involved in everything" and "It's very easy to get the care plan changed if I want to." Relatives told us, "Each carer fills the records in every day."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. For example, one person's care plan said, "Allow [name] time to respond and do not rush" and "[Name] is able to state their needs, wants and wishes." Where people had expressed preferences for carers of a particular gender, this had been respected. Care plans identified what people were able to do independently and what support they needed, including using any aids or equipment. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting. People told us, "My needs have changed, but they've responded to this." Staff told us, "I've worked in other companies where we were limited on timing, but most of the time we can get to people with ease here" and "Every day is different, it depends on people's needs. I had one person who was concerned about something, so I rang the next client to let them know I'd be five minutes late so I didn't have to rush the person or leave them worried."

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment. The information also showed staff monitored people's health and

checked their needs were met.

We saw that people who used the service and their families had been made aware of the complaints procedures. There had not been any complaints made. However, the provider's policy gave clear guidance about the process for receiving and responding to complaints and gave timeframes for any responses. Everyone we spoke with told us they had no concerns but would be able to raise concerns if they had any. People said, "I'm able to tell them", "I don't have any worries but I could talk to staff if I did" and "I can raise concerns with anyone if I wanted." The provider told us complaints would be used as an opportunity for learning or improvement and said, "All matters which upset people should be reported."

The provider sought people's feedback and analysed the information to see if they needed to take any action to address any issues raised. Surveys were sent to everyone using the service in July 2016. Comments from people included, "All services are excellent", "An excellent service in every way", "Not just a team, but friends" and "We're pleased with how the staff are settling, [name] is brighter after the visits and likes the team." The overall satisfaction rating was very high. The provider wanted to encourage more people to respond to the surveys; the response rate was 68% and the provider was aiming for 75%. Staff were also able to give their views about the service and gave very positive feedback to the provider. For example, 100% of staff agreed they had been trained, informed and supervised to work to the organisations standards, and 100% agreed they were encouraged to raise concerns.

## Is the service well-led?

### Our findings

The service was well-led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Audits included regular spot checks and looking at various aspects of the service, such as how effective meetings were and whether people's records were accurate and up to date. We saw that where improvements in the service had been identified action had been taken to improve practice. For example, where records had been found to need updating, a date to complete this action had been set. The provider monitored any actions that had been set to ensure they were completed in a timely way. Audits showed the targets the provider had set for not missing visits and being on time for visits had been beaten. For example, the provider had set a target for 97.5% of visits to be on time. The actual result showed 99.78% of visits had taken place at the time they should have. Carers were rewarded when they achieved or exceeded the providers' expectations. People confirmed staff arrived on time and stayed for the length of time they should. Staff told us if they had any concerns, "I feel comfortable I can contact the office any time and they'll come out to you if you need it."

The provider had a clear vision for the service, which was to provide a quality home care service which seeks to meet the physical, mental and emotional needs of people and their families. To achieve this, the values included respect, dedication, integrity, teamwork, compassion, equality and care excellence. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Staff were aware of the values of the service and told us, "They want people to have choices, they really take it seriously" and "I love working for them. I feel as though I've done something really useful and rewarding."

People's experience of care was monitored through regular surveys and spot checks. Spot checks were an opportunity for the provider to look at people's care plans and associated records and ask people about the service they received. People told us, "We can feedback about the quality of the service" and Relatives told us, "They definitely can support us; the owner often pops in to check we're ok and does spot checks."

The provider had worked to ensure they retained staff. The provider told us their retention rates were very high. Staff told us, "They're very moral, they won't take staff on if they can't give them the hours and if they won't accept extra work if they can't provide the staff." All staff we spoke with mentioned the compassion and integrity of their employer. Staff said, "We have an excellent management", "We have a 'hearing' management, they listen to us and if you have a problem the owner will come out" and "They will definitely take note; they do listen and care". This meant people were supported by staff who were supported by their managers.

There was a staffing structure in the service which provided clear lines of accountability and responsibility. The registered manager reported to the owner, and managed the care staff and admin staff. Staff told us

they were very well supported and said, "I love it here, they do everything they need to and I'm not worried about anything", "They're very supportive" and "Anything we're not sure about we just go to the managers". Other comments included, "Management of the whole thing is good, it shows", "They go above and beyond" and "You need to feel supported, and we are".

As part of our preparation for this inspection, we sent questionnaires to some people using the service and staff. We asked questions about whether people felt safe using the service and if staff knew how to respond if they thought someone was at risk of harm. Other questions asked about the visits people received and if staff had received training. People told us they were always introduced to staff and were treated with dignity and respect. People also told us they were involved in care planning and knew how to make a complaint. The PIR showed the responses we received were 100% positive in all areas of the survey. The feedback the provider had received from surveys was similar to the results of our surveys. This meant people were able to freely express their thoughts and there was a high level of satisfaction.

The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.