

Scodef Ltd

Scodef Care (Scodef Ltd)

Inspection report

Unit 1
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Beckenham
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Tel: 02086629278

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14 August 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Scodef Care is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of the inspection three people were receiving personal care from the service.

People's experience of using this service:

People and their relatives gave us positive feedback about their safety and told us that staff treated them well.

The provider had a policy and procedure for safeguarding adults and children from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for.

The registered manager completed risk assessments for every person who used the service. These included manual handling risks, eating and drinking and home environment.

There was a system to manage accidents and incidents to reduce them happening again.

People were supported by effectively deployed staff. Staff attended people's care calls as agreed.

There were effective recruitment and selection procedures in place to ensure people were safe and supported by staff that were unsuitable.

Staff prompted people to take their prescribed medicine.

People were protected from the risk of infection.

People's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in this assessment. The provider trained staff to support people and meet their needs.

Staff supported people to eat and drink enough to meet their needs and staff supported people to maintain good health. The provider worked with other external professionals to ensure people received effective care.

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People's capacity to consent to their care and support was documented. People told us staff obtained consent from them before delivering care to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected.

People and their relatives were involved in the planning and review of their care and people were supported to be as independent in their care as possible.

Care plans were person centred and contained information about people's personal life and social history, their health and social care needs.

The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.

The provider had a policy and procedure to provide end-of-life support to people. However, people did not require end-of-life support at the time of the inspection.

The provider had systems and process in place to monitor the quality of the service.

The registered manager and staff worked well together as a team.

People who used the service completed satisfaction surveys and all their results were positive.

The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

Rating at last inspection: This service was registered with us on 15/08/2018 and this is the first inspection.

Why we inspected: This was a planned inspection based on registration date of the service.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector visited the service on the 14 August 2019 and an Expert by Experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people.

Service and service type: Scodef Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides personal care to people with a range of conditions including physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager was often out of the office supporting staff. We needed to be sure that they would be in. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

Inspection activity started on 14 August 2019 and ended on 21 August 2019. We visited the office location on 14 August 2019.

What we did:

Before the inspection: We looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information

about important events that the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with the nominated individual/the registered manager. We looked at three people's care records, and two staff records. We also looked at records related to the management of the service, such as the accidents and incidents, medicines management, safeguarding, and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicines' management and quality assurance records. We spoke with one field staff, two people using the service and two relatives.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel very safe. It is because the [staff] is so kind." A relative commented, "My [loved one] is safe."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff had completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.

Assessing risk, safety monitoring and management

- Staff completed risk assessments and risk management plans that included guidance for staff for every person who used the service. These included mobility risks, eating and drinking and the home environment.
- Risk assessments were reviewed periodically and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situations and needs.
- The registered manager monitored the risk assessments to ensure any changes were identified and discussed with staff.

Staffing and recruitment

- People were supported by effectively deployed staff. One person told us, "They [staff] is always right on time and stays the full hour."
- Staff attended people's care calls as agreed. A relative told us, "They [staff] do come on time, if they are going to be late the company phones me."
- The registered manager explained that when staff were running late for more than 15 minutes they called people to let them know and if required they would arranged replacement staff.
- Staff rostering records showed staff were given enough time to travel between the calls.

Using medicines safely

- The provider had policy and procedures to support with medicines administration.
- At the time of this inspection, people required prompting with their medicines because they were self-administering. One person told us, "They [staff] always prompt on time."
- The provider trained and assessed the competency of staff. Medicine administration records (MARs) were up to date.
- Regular MAR charts and medicines checks were carried out by the registered manager, to ensure people received their medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed initial assessment of people's needs to ensure these could be met by staff. This looked at people's medical conditions, physical and mental health; mobility, nutrition and likes and dislikes.
- Where appropriate, the registered manager involved relatives in this assessment, and used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. A relative said, "I think they [staff] are well trained."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety, moving and handling, administration of medicines, infection control, first aid, mental capacity and safeguarding adults and children.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- Staff told us they felt supported and could approach the registered manager at any time for support.

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

- Staff supported people to eat and drink enough to meet their needs.
- People's care plans included a section on their diet and nutritional needs.
- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other external professionals to ensure people received effective care. For example, when staff shared concerns regarding a person's declining mobility, the registered manager arranged to carry out a mobility assessment at the person's home and follow up with external professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available

to support people to access healthcare appointments if needed.

- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse, GP or a hospital appointment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff obtained consent from people prior to providing care to them. People's capacity to consent to their care and support was documented.
- People and their relatives, where relevant were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to people.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people and showed an understanding of equality and diversity.
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives were involved in the assessment, planning and review of their care.
- People and their relatives told us they had been involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "She [staff] treats me with utmost respect. I could not have a more perfect person." Another person said, "They are kind and considerate and respect my privacy."
- People were supported to be as independent in their care as possible. One person told us, "I do my own medicines."
- Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, washing, eating and walking with mobility aids.
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were up to date and reflected people's current needs. They also included the level of support people needed from staff and what they could manage to do for themselves. One person told us, "The care plan is in place. I was involved. It is regularly reviewed every six months."
- Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in the way they understood. The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. One relative told us, "I have absolutely no complaints. We are very happy."
- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- The registered manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care.
- Staff received training to support people if they required end -of life support. However, no-one using the

service required end-of-life support at the time of our inspection.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a quality assurance system and process. Although, the provider had an electronic call monitoring system, but were not recording the reason when staff had spent less time on some occasions. We brought this to the attention of the registered manager. Following the inspection, the registered manager confirmed, real time call monitoring had been actioned.
- There was a positive culture in the service, where people, their relatives and staff opinions were sought to make service improvements. A relative told us, "I think the company is well led." Another relative said, "The manager comes around to care for my [loved one] if there is no-one else available, the provider is efficient."
- The provider completed checks and audits on staff training, medicine administration records, risk assessments and care plans to ensure they were up to date.
- The registered manager understood their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service had a registered manager in post. The registered manager and staff worked as a good team. There was a clear staffing structure in place and staff understood their roles and responsibilities. One person told us, "The manager [name] is always on the ball. This company is well organised."
- The service had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service completed satisfaction surveys and the results were positive.

Working in partnership with others

- The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority and healthcare professionals.