

Sebott Solutions Limited

Global Social Care Services

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Global Social Care Services on 8 November 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

Global Social Care Service provides care and support to people in a supported living setting, specifically for people with learning disabilities. At the time of our inspection, the service was caring for two people across two schemes. This was the first inspection of the service since it was registered with the Care Quality Commission.

The service had a registered manager in place. 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.

Records did not support the service had effective systems or processes in place to assess, monitor and improve the quality and safety of people using the service. The service did not record medicine administration chart quality checks and spot checks. Also the service did not offer satisfaction surveys to people who used the service and relatives as stated in the provider's quality assurance policy.

Systems were in place to help ensure people were safe. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care. People's needs relating to equality and diversity were recorded and acted upon.

The registered manager was open and supportive. Staff, people who used the service and relatives felt able to speak with the registered manager and provided feedback on the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we asked the provider to take at the back of the full version of this report.

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. Staff were able to explain and identify what constituted abuse and what action they would take to raise concerns.

Risks assessments were in place and were robust.

Staffing levels were in line with people's needs and staff cover arrangements were effective.

Medicines were administered and recorded safely.

Recruitment records demonstrated that there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective. Staff took part in an induction when they joined the service and received regular training and supervision with their manager.

Staff demonstrated a good understanding of the Mental Capacity Act (2005) and put into practice the need for consent.

People were supported with meal preparation and had a good understanding of people's individual preferences and nutritional needs.

People had access to health professionals and were supported by staff for appointments.

Is the service caring?

Good ●

The service was caring. Staff developed positive and caring relationships with people using the service.

People's needs relating to equality and diversity were recorded and acted upon.

The service supported people to express their views and be actively involved in making decisions about their care.

Is the service responsive?

The service was responsive. Care plans were personalised. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

The service had a complaints procedure. Relatives were confident on how to make a complaint.

Good 

Is the service well-led?

The service was not always well-led. Records did not support the service had effective systems or processes in place to assess, monitor and improve the quality and safety of people using the service.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

Requires Improvement 

Global Social Care Services

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 8 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission. We spoke with the local authority commissioning team with responsibility for the service, the local Healthwatch, and the local borough safeguarding team.

During our inspection we went to the provider's office. We spoke with the registered manager. After the inspection we spoke with three care workers and two relatives of the people who used the service. We looked at two care files, daily records of care provided, three staff recruitment files including supervision and training records, minutes for various meetings, medicine records, and policies and procedures for the service.

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative said, "I don't feel it is unsafe." Another relative when asked if they felt the service was safe told us, "Yes definitely."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. One staff member told us, "I would have to call the manager and write a report." Another staff member said, "I would have to report straight away to the manager. If nothing was done I would tell social services and the Care Quality Commission." Safeguarding and whistleblowing policies and procedures were in place to help protect people and help minimise the risks of abuse to people.

The registered manager told us there had been no safeguarding incidents since the service was registered. The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service was able to report safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

People had comprehensive risk assessments documented in their care files to assess their safety within the home and for activities carried out in the community. These assessments included risks associated with behaviours that challenge, fire safety, infection control, self-neglect, nutrition, finances, medicines and activities carried out in the community. Risk assessments identified the risk and detailed actions needed to mitigate the risk. For example, one assessment explained how to manage the risk of a person cooking. The risk assessment stated, "Staff to always be present when [person] is cooking." Risk assessments were reviewed six monthly or sooner if there was a change in need and were up to date.

We checked the financial records of the people using the service and did not find any discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked by the registered manager and we saw records of this. This minimised the chances of financial abuse occurring.

Through our discussions with staff and management, we found there was enough staff to meet the needs of people who used the service. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and records showed the number of staff supporting a person could be increased if required. One staff member said, "Enough staff. If someone is sick I have to call [registered manager] and she will organise. I can't remember the last time I didn't get cover." Another staff member told us, "We are not short of staff."

At the time of our inspection the service was supporting one person with their medicines. A relative we spoke with felt confident in the support provided with medicine administration. The relative told us, "I have seen [staff] administer [medicines] and it's completely fine. They record [medicines]." One staff member

said, "Medication is a procedure. We record it and have to make sure [person who used the service] has taken the medication." The registered manager told us medicines administration record (MAR) charts were returned the provider's office monthly. Records confirmed this. The registered manager told us MAR charts were checked weekly by senior staff and then the registered manager would check when the MAR charts were returned to the provider's office. However when we looked at the MAR charts it was not clearly recorded they had been checked by senior staff and the registered manager. We spoke to the registered manager who told us the MAR charts had changed and no longer had a place to record quality checks had been completed. The registered manager told us she would update the MAR charts to reflect quality checks. We checked people's MAR charts and found these were complete and accurate. The provider had a comprehensive medicines policy which included clear guidance to staff about ordering, receiving and storing medicines, administration of medicines and record-keeping.

Staff files showed there was a process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people using the service. Staff confirmed employment checks had been carried out before they started working with people.

Is the service effective?

Our findings

Relatives told us people were supported by staff that had the skills to meet their needs. One relative said, "I feel staff are trained. One staff member has a nursing background." Another relative told us, "[Person who used the service] seems really happy with the staff there."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. One staff member told us, "I had induction and a week's shadowing with [registered manager] and another staff member." Another staff member said, "Induction was about a month. During shadowing is how I got to know [person who used the service]." A third staff member told us, "Induction was thorough. I was taken places to meet clients. I was shadowed by staff." The registered manager told us all staff were assessed on competency whilst being shadowed. Records confirmed this. The shadowing assessment looked at personal care, handover, health and safety, dignity and respect, medicines, manual handling, food hygiene, and report writing.

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Registered manager told us and records confirmed that new staff had completed training recently with their previous employer. This training included health and safety, fire safety, equality and diversity, infection control, basic life support, manual handling, safeguarding adults and complaints handling. One staff member told us, "There is one in December, it is fire safety training." Another staff member said, "I have had fire safety, health and safety and safeguarding (training). It was good." A third staff member told us, "I had training with previous provider." The registered manager told us and records confirmed the local authority offered training to staff such as safeguarding adults, infection control and information governance. Staff told us the registered manager held training workshops in staff meetings.

Staff received regular formal supervision and we saw records to confirm this. Records showed topics included looking at previous goals, health and safety, care planning and risk assessments, complaints, safeguarding, personal development and training, report writing and key working. One staff member said, "[Registered manager] will discuss clients, our tasks, and medication. Supervision is really good." Another staff member told us, "Supervision is every two months. We check on care plans and everything we do, how things have been and any complaints." A third staff member said, "It is feedback on how I've been going on, my strengths and weaknesses. It's just about me and progress with clients."

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 found the service had

written information on the MCA so that staff were provided with important information to uphold people's rights.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. Records showed people had been involved and consulted about various decisions and had confirmed their agreement with them. One staff member told us, "We ask if [person who used the service] wants a shower. If they say no then it's no."

People were supported and encouraged to maintain a healthy balanced diet. Staff protected people from risk of poor nutrition and dehydration. The registered manager and staff told us they would offer advice to people and involve them in discussions about what they would like prepared for them. People using the service were supported to go food shopping and records showed discussions around this were recorded in their individual key working sessions. One relative told us, "I have seen [staff] cut up the food. They are very good. [Person who used the service] is always asked what they want for dinner. They have fresh fruit and yogurts always."

Staff and relatives told us people were supported with their health needs. One relative told us, "They get [person who used the service] GP appointments and blood tests. I asked for [an] eye test to be done and they did organise that." Staff told us they liaised with health professionals to ensure people were supported to maintain their health and receive the support they required. Records confirmed this. Care files had information about people's medicines and health needs by way of a 'hospital passport'. A hospital passport is designed to help people with a learning disability to communicate their needs to doctors, nurses and other healthcare professionals. Records showed people were supported to access a range of visits from healthcare professionals including chiropodists, dentists and opticians as necessary.

Is the service caring?

Our findings

People were cared for and treated with kindness and compassion. One relative told us, "They [staff] are very patient. Staff are so polite and caring." Another relative said, "[Person who used the service] is always laughing and joking with them." Staff spoke positive about the relationships they have with the people they care for. One staff member said, "I am there to support [person]. It's like being with a family member." Another staff member told us, "I get along with [person] very well." A third staff member said, "It's all about [person]. It's person centred care."

People were involved in making choices about their care. One member of staff told us, "When helping [person] I ask about food they like, what activities and what clothes they want to wear." Another member of staff told us, "If person [person] makes a choice we have to do. Sometimes they ask to go for a walk and we have to take."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I have to knock and ask to come into [person who used the service] room." Another staff member said, "Always lock bathroom door when helping with showering." One relative, when asked if their relative was treated with dignity told us, "Definitely."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. One staff member said, "They have individual rights. We don't stereotype. Everyone has their own value and I would respect that." Another staff member told us, "They would be treated as anyone else. I have to respect that." A third member of staff told us, "I would not treat differently to other clients."

Staff told us how they promoted people's independence. One staff member told us, "We are doing support work to help [person who used the service] become independent. Like when [person who used the service] has a shower, we assist and then they dry and dress themselves." Another staff member said, "I encourage [person who used the service] to make breakfast by themselves and when they go shopping." Records confirmed this.

Is the service responsive?

Our findings

The relative of the person who used the service told us that the service involved them in decision making about the care and support needs for their relative. The relative told us, "The [registered manager] will call if there is a problem or answer any questions." The same relative told us, "I have been to a meeting with the keyworkers. Talked about things like activities."

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their need after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One relative told us, "[Registered manager] set up a meeting to find out likes and dislikes. Made me feel part of everything."

Care records contained detailed guidance for staff about how to meet people's needs. Care records included the person's life history which covered their spiritual needs, hobbies and activities, family life and how they wish to communicate. There was a wide variety of guidelines regarding how people wished to receive care and support including physical health, behaviours, medical conditions, daily living skills, finances, medicines, nutrition, accessing the community, social life and family and friends. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated for the person's goal, "I will make sure my menu does not have junk food and I will eat more of fruit and vegetables." Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. One staff member told us, "[Person] has a support plan and I read it." Another staff member said, "I read the care plan and risk assessment."

Each person using the service had an assigned key worker. A key worker works with people to understand their particular needs and to co-ordinate and organise the service to meet those special needs. Keyworker meetings were held weekly and monthly and we saw records of this. Records showed that key worker meetings covered topics such as recent health appointments and outcome of the visit, weight monitoring, social activities, finances, outcomes and goals from people's care plans, peoples and key worker's views and actions to be carried out.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. The relative of a person who used the service told us, "I would call or text [registered manager] and she will get back to you. She will deal with any concerns I have." Another relative said, "I would phone up [registered manager]. [Registered manager] came to my house and was very receptive." The registered manager told us there had been no formal complaints since the service was registered.

Is the service well-led?

Our findings

Records did not support the service had effective systems or processes in place to assess, monitor and improve the quality and safety of people using the service. For example, the registered manager told us MAR charts were checked weekly by senior staff and then the registered manager would check when the MAR charts were returned to the provider's office. However when we looked at the MAR charts it was not recorded they had been checked by senior staff and the registered manager. We spoke to the registered manager who told us the MAR charts had changed and no longer had a place to record quality checks had been completed.

The service had a quality assurance policy. The policy stated the service would do three monthly satisfaction surveys for service users and family members. We asked the registered manager to look at the completed surveys, however, she advised us that they had not done any satisfaction surveys since the service started. The registered manager told us they completed regular spot checks on people by visiting them in their home. Staff confirmed the registered manager did do spot checks. One staff member told us, "[Registered manager] checks paperwork like medication, finances, and daily logs of people." The registered manager told us she would update a 'communication book' in person's home of the outcome of the spot check. However, the service did not collate and analyse this information to improve the service.

The provider had failed to ensure that records were accurate and complete and there was a lack of effective quality assurance and monitoring systems. This increased the risk that the service would not be run effectively and that areas of poor practice would not be identified and addressed. The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Feedback from relatives regarding communication with the registered manager was mixed. One relative told us, "If something not right [registered manager] will tell me." Another relative told us communication had been poor with the registered manager, however, they had a meeting recently and felt listened too.

There was a registered manager in post. Staff spoke positive about the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is very good. Can speak anytime. We have a good team." Another staff member said, "[Registered manager] is calm. She is a good manager." A third staff member told us, "She listens which is a good quality. Any issues and she is pro-active."

The registered manager and staff told us that regular staff meetings were held. Records confirmed these meetings were held regularly. Topics included introducing new staff, daily logs, finances, medical appointments, weight recording, staff rota, key working, meals and report writing. One staff member told us, "They are really useful." Another staff member said, "Staff meetings are every month. Talk about key working and clients."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that records were accurate and complete. There were no systems and processes to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a) (c)</p>