SCA Care

Southampton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 and 27 September 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

SCA Care Southampton provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 168 people with a variety of care needs, including people living with physical frailty or memory loss.

A registered manager was not in post at the time of our inspection. 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. The service was currently in the process of registering the manager for the regulated activity of personal care.

Most people's care plans provided comprehensive information and were reviewed regularly. However, these did not include information about people's mental health needs and health conditions such as diabetes plans were not always adequate to support people appropriately.

We found staff were not following legislation designed to protect people's rights. There were concerns about people's capacity to consent to decisions about their care; the provider did not make appropriate guidance when making decisions in people's best interest.

We found people's safety was compromised in some areas. Some people had not received calls from the agency. The manager had completed an action plan on how to reduce the risk of missed calls to people receiving a service. We found also inconsistencies in the way medicines were managed. This meant that medicines were not always recorded correctly. Risks were managed appropriately, however we found some more information was required on some people's records to support staff on action to take if they should have any concerns.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke highly of the care staff.

People and their families told us they felt safe and secure when receiving care. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff told us they felt supported and received regular supervisions and support. There were sufficient numbers of staff to maintain the schedule of care visits. Staff meetings were held every three to six months.

People felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

People felt listened to and a complaints procedure was in place. Staff felt supported by the management and felt they could visit the office and be listened to. There were systems in place to monitor the quality of the service provided.

We identified two breaches of regulations. You can see what action we have told the provider to take at the back 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?

Requires Improvement

The service was not always safe.

A number of missed calls had taken place at the agency.

We found inconsistencies in the way medicines were managed. This meant that medicines were not always recorded correctly.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People felt safe and secure when receiving support from staff members.

Is the service effective?

Requires Improvement

The service was not always effective.

Where there were concerns about people's capacity to consent to decisions about their care, the provider did not make appropriate guidance when making decisions in people's best interest.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always cover all aspects of people's needs.

People's needs were reviewed regularly to ensure they continued to receive the care and support they required.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality and safety of the service provided.

People and staff spoke highly of the management team who were described as approachable and supportive.

Southampton

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 22 and 27 September 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by two inspectors. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with eighteen people who used the service by telephone and visited two people in their own homes. We spoke with the manager, two locality managers and six staff members. We looked at care records for nine people. We also reviewed records about how the service was managed, including staff training and recruitment records.

The agency was last inspected in December 2014, when we did not identify and concerns.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke to told us they felt the agency provided staff who kept them safe whilst providing them with personal care. One person said, "I'm very happy with the girls, I can't fault them." Another person told us, "I feel safe with staff, they are absolutely marvellous, and they help me with everything." A third person said that staff were, "Very observant and spot anything amiss."

We received information about a number of missed calls to people from the agency. We spoke to the manager about the number of missed calls. The manager was aware and in the last year have informed staff of the importance of recording and reporting all concerns and being open and transparent. They said, "So I'm not sure if the missed calls have increased or if they just weren't being recorded before. I have an action plan in place and are looking at costing's for electronic call monitoring at the moment." Electronic call monitoring is a way the agency can check that staff have attended calls in people's homes. The action plan in place showed these were missed due to calls not documented on staff member's rotas and postal delays. As a result clear guidelines have been put in place to minimize the risk and procedures to follow if a call has been missed.

We identified some areas for improvement around medicines. There were medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. However, we found there were inconsistencies in the way medicines were managed. The provider required staff to complete medicine administration records (MAR) when they 'administered' medicines to people but not when they only 'prompted' or reminded people to take their medicines. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff were not clear about the difference between 'administering' and 'prompting' and this had led to inconsistencies in the way they were recorded. Medicines that were 'administered' to people were not always recorded on their MAR charts, while medicines that people were only 'prompted' to take were recorded. We discussed this with the manager who agreed to review their guidance to staff to help ensure people's medicines were administered and recorded consistently.

Staff told us they supported people to take risks in their own home without minimising their freedom. One staff member said, "Risk assessments are always completed before we go in and are available to look at." The manager told us, "Staff are trained to identify issues and then we make sure the care plan and risk assessment reflect this and that the right equipment is in place." Assessments were undertaken to asses any risks to people who received a service and to the care workers who supported them. These included environmental risks which gave staff details of where to park their cars and where to locate gas and electrics in case of an emergency. The records for one person who was at risk of falls, informed staff to make sure their lifeline was on as well as their falls pendant. However we found some identified risks needed more information to enable staff to meet their needs. For example, one person's their risk assessment identified that they had leg ulcers and that staff should put protective stockings on their legs. However, there was no

information for staff about the risks of leg ulcers or what they should do if they identified concerns.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I've completed safeguarding training, if I had any concerns I would report to the office and fill in an incident form." Another staff member told us, "If I had a safeguarding concern I would contact the office to let them know and follow their advice. If I needed to respond quickly I would see the person first then contact the office." The manager told us, "I moved safeguarding training to annually for all staff so everyone has a clear understanding and I am in the process of arranging more high level training for management."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. Most people told us that they had regular care staff and that staff were usually on time. Everyone was happy with the timekeeping of staff and understood that sometimes traffic plays a part in slight delays.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events, such as the weather conditions or sickness. This contained a set of procedures to follow and the main contact numbers for emergency services.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke to told us that staff were well trained and carried out their duties to the highest standards. People also told us that all staff sought their consent before any care was carried out.

Staff told us they always asked for people's consent before care was provided. One staff member told us, "If people say no I would never force them to do something they didn't want to do." Another staff member said, "If a person refused care I would leave their home and phone the office for advice."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

However there was some confusion with one person's records which we pointed out to staff who informed us they would make sure this was made clearer. The records stated that the person had their medicines locked away in a box and staff therefore withheld the person's medicines. When we spoke to the manager there was confusion about how this decision was made and if the MCA framework was used in making the decision. The manager told us there were no records in place to support this decision and they followed advice from a social worker. Therefore there is no documented evidence as to how the decision was made to hide their medicines. This meant the provider was unable to confirm that care and support was being given in accordance with people's wishes or in their best interests. We spoke to the manager who told us they had undertaken more in depth training on the MCA and had a clearer understanding and as part of their action plan wanted to make sure all staff had an understanding of the MCA. As a result all staff have recently completed MCA training so they are clear on what it means for people.

The failure to follow the MCA and its code of practice was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "I also completed dementia training as well as mental capacity act (MCA) training which was really interesting and goes into so much depth. I don't have many people with dementia but if I do I will know how to go about it." Another staff member said, "Training is excellent, really good." A third staff member said, "Training is good as it all changes, so good to refresh and find out what has changed and what hasn't." The manager told us, "When I started I put all of the staff on training again, just to make sure all was okay and staff were aware of latest guidelines and procedures."

New staff completed an induction programme before working on their own. Training was provided over five days and was classroom based. New staff were completing the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "My induction was really good. I had training all week which covered everything and really helped me in my role." The manager told us, "All staff complete the care certificate and as part of this I meet with staff monthly to make sure they are happy and all is going well." They also said, "All staff are also offered the opportunity to complete their level 3 NVQ as well."

People were supported by staff who had supervisions (one to one meetings) and yearly appraisals 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 said, "[staff members name] completes my supervision and try to have these every three to six months. I feel really supported by these. I also have regular spot checks with my last one a couple of months ago. If I had an issue I would come in and speak to [staff member's name] face to face." Another staff member told us, "I feel really supported I have regular supervisions and I'm always in the office or on the phone most days." We also spoke to one of the locality managers who carries out supervisions with their staff who told us, "I try to make sure I have supervisions with my staff every couple of months. But as my staff are local they can pop in and see me anytime."

People were supported at mealtimes to access food and drink of their choice. One staff member told us, "I look through their folder and ask people what they would like. Some families put meals in the freezer; I will bring them out a choice to choose from. One person had a shepherd's pie left out for them, but they didn't want it so I offered them alternatives instead and they had a pizza and thoroughly enjoyed it." The support people received, varied depending on their individual circumstances. Care plans contained information about any special diets people required and about some specific food preferences. However, additional information, about people's likes and dislikes, would help staff support people who had difficulty making a decision. We spoke to the manager who agreed to speak to staff and to add more information on people's food preferences.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed.

Good

Is the service caring?

Our findings

People said staff were caring and supported them with kindness and respect. One person told us, "We get on well and we have a nice routine." Another person said staff were, "Always cheerful, despite the rain!" A third person told us, "You feel better when they've gone because they've cheered you up." Other comments about staff were described as "really good", "brilliant", "very pleasant" and "can't fault them."

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. This was conducted very professionally and the staff member put the person at ease. They explained why they were there and chatted to people politely and their knowledge of people was obvious. They showed an interest in each person and listened carefully. People were given choice all the way through support being provided, with staff checking if people needed any additional help. People we visited were very happy with the service they were receiving from the agency. One person told us, "I'm very happy with the care, nice girls, never rushing, will do anything I want them to do." They also said, "I have no problem with any of them they always leave my home tidy." Another person told us, "I'm very happy with the girls, I can't fault them."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "I will shut the curtains and close the doors as well as cover them with a towel." Another staff member said, "I will wait outside the rooms until they wish me to go in."

People told us they were encouraged to be as independent as possible. People were encouraged to undertake their own personal care where they were able to do so. Where appropriate staff members prompted people to undertake certain tasks rather than doing it for them. Staff told us how they promoted people's independence. One staff member told us how they had supported a person to do their own shopping, cook for themselves and use the washing machine. They said, "I am very proud of this achievement and it's great to see them out and about on their own now."

People told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. Care plans provided information about how people wished to receive care and support. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. One person told us that they "feel listened to."

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Requires Improvement

Is the service responsive?

Our findings

Most care plans reflected people's current needs and were reviewed regularly. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation and shopping. However, the format used did not include details of how to support people with their mental health needs, such as agitation or communication needs for people living with dementia. We also found people's health needs such as diabetes were not included in care plans to enable staff to support people or to recognise health issues relating to this. For example for one person we saw on their risk assessment they have been known to have had pressure area sores sometimes and used a pressure relieving cushion. However there was no mention in the care plan about skin integrity and how staff should be monitoring the person's skin and what actions to take if they had concerns. We spoke to the manager who told us they would look at the care plans and take action to make them more detailed.

The failure of the provider to have an effective system in place to ensure care plans included all aspects of people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke to were happy with the care service they were receiving and praised the staff and used phrases such as "most efficient", "she's marvellous" and "very happy".

People told us that regular reviews were facilitated by the agency to ensure that their care plan met their needs. Care plans were reviewed every six months or earlier if required. One persons' review showed they had identified a staff member they did not feel happy with and the agency ensured the staff member did not visit again.

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. We saw the results from the latest questionnaire, which had been completed in May 2016. The results were mostly positive. Some people felt communication could be improved regarding letting people know of changes or delays to care. An action plan was in place for staff to improve communication with people and this was monitored by the manager on a regular basis.

All the people we spoke to told us that they would feel comfortable raising any concerns and said they would contact the office, if a problem couldn't be resolved with their daily staff. People were issued with a "service users' handbook" when they started using the service which provided them with guidance about making a compliant or giving a compliment. Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been six complaints in the past year and these had been investigated thoroughly and the person and their relatives were satisfied with the response.

Good

Is the service well-led?

Our findings

People told us they felt this was a well led service. "All the people we spoke to told us they would recommend the service, with four people using the word, "definitely." One person said, "They are very good at the office." Another person said, "The office help me if I have any problems." One person told us, "Sometimes the paperwork can be a bit slow, for example, the rota for the week arrives on the Tuesday of that week", but also emphasised that it "wasn't a problem as I'm told by my carers what's going on."

At the time of our inspection the registered manager had not been managing the agency for a few months and the provider had appointed a new manager who was in the process of applying to the commission for registration.

The manager used a system of audits to monitor and assess the quality of the service provided. These included auditing medicines, care plans, staff files, record of care sheets, training and health and safety. Where most issues were identified and any remedial action was taken. However we found action plans were not always clear if actions had been completed and reviewed. For example records of care given were audited and highlighted and concerns noted but we could not see whether this had been followed up. For one person their care record sheets had been audited and it was recorded that there were no concerns. However, the records also showed a missed call but the audit had not picked this up or detailed if any actions had been taken. We spoke to the manager who was already aware and was in the process of speaking to staff about making sure actions are clear and recorded.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety. Accidents and incidents were also looked at learning across the organisation from a group level and risk managed and taken to monthly health and safety meetings with in the group. These would then be discussed to see what actions could be put in place to make improvements.

The management team promoted a positive culture and had an 'open door' policy. Staff said the management and office staff was approachable and they were always made welcome at the office. One staff member said, "When I contact the office the staff are very helpful and work really hard to try and help us all." Another staff member told us, "My locality manager is really supportive and the door is always open for us." A third staff member said the "Manager is nice and good at being supportive I can go to her about anything."

Staff spoke highly of the service, were pleased to work there and felt supported by the manager and team in the office. One staff member told us, "I'm happy and enjoying the job. It's the best job I have ever had." However, some staff felt the office was short staffed and the locality managers worked very hard. While all staff we spoke to know their locality manager well and were very complementary about them, some staff told us they didn't really know the manager. One staff member told us they had "Only really spoken to the manager once or twice."

Staff meetings were held every three to six months, but could happen more frequently if there were issues to be discussed with staff. One staff member told us, "Staff team meetings have improved and are really helpful and you are encouraged to feedback on any concerns at the meeting." Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service.

The manager informed us they kept up to date by attending provider forums to share best practice with other providers. They also received regular updates from the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. Training included completing their level 5 qualifications in care management as well as attending regular updates for managers on safeguarding and the MCA. They told us, "My line manager is very accessible and I can talk to them at any time if I need some advice and guidance." The manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place as well as a policy on Duty of Candour policy in place to help ensure staff acted in an open way when things went wrong.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that the appropriate care and treatment met people's needs. Regulation (1) and (3) (a)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where there were concerns about people's capacity to consent to decisions about their care, the provider did not follow appropriate legal guidance. Regulation 11 (1) (3)