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South Western Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

South Western Care Services is a domiciliary care service that supports approximately 50 predominantly older people living in their own homes. The service is based in Helston in the South of Cornwall and supports people living in the surrounding rural areas including the Lizard peninsula. The provider also operates a day care centre at the same address as the registered care service and many of the people who use the day centre are supported at home by the domiciliary care agency.

The focused inspection took place on the 1 and 2 November 2018. This inspection was done to check the provider had taken the action necessary to achieve compliance with the warning notice issued following our comprehensive inspection of June 2018. The team inspected the service against two of the five questions we ask about services: Is the service well led? and Is the service safe? The inspection was announced because we wanted to speak with people about the quality of support they received before completing the site visit.

Not everyone using South Western Care Services receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service is led directly by the provider who is based in the service offices full time and is not required to have a registered manager. The provider is legally responsible for ensuring the service is meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In response to the findings of our previous inspection the provider had returned care packages, in outlying areas, to commissioners for allocation to other service providers. This had allowed the service visit schedules to be redesigned and a new digital visit scheduling system had been introduced. This system used on-line route planning software to calculate the distance and time necessary to travel between consecutive care visits. At this inspection staff told us their rotas were now achievable and their comments included, "I feel the rotas have changed a lot. They have really looked in to sorting out the rounds", "It does feel like it has improved. We used to have to rush. It now has about the right amount of travel time on the rota" and "Travel time is fine. No issues there, that has been sorted. Visit times have got better as well as you don't have to rush around." We reviewed the service visit schedules and individual staff rotas and found they now included appropriate travel time between care visits.

Most people we spoke with said they now received their visits on time and for the planned duration. They told us, "They are always on time, they are very good" and "The timing is good and we get to see the same carers." We completed a detailed analysis of 961 care visits completed in October 2018. We found that over 72% had been provided on time and that visits were normally of the planned duration.

Staff said the inclusion of travel time on their rotas meant they were now able to meet people's needs and to provide their visits on time. Staff comments included, "You can get to visits on time and you don't feel that

pressure to do visits quickly. I think people are happy about the change" and "I feel it is a lot better out there. I have enough time with clients and you know you have the time you need to get to the next person."

The provider had introduced a bonus pay system to encourage staff to accurately record details of each visit they provided using the call monitoring system. This had led to significant improvements in the use of this system and managers now monitored the system in real time to ensure staff safety and check that all planned visits were provided. We found no evidence that care visits had been missed since our last inspection and staff told us, "Missed visits do not happen often."

The service's quality assurance system had been reviewed following our previous inspection. A manager now phoned each person each month to gather their feedback directly. Records showed action had been taken to address and resolve any issues raised and people recognised there had been an improvement in the quality of support the service provided. Recently received feedback comments included, "Finds the earlier evening visits a lot better. Really happy" and "Happy with everything. Issues brought up in last QA have been resolved." The service's systems for the recording and investigation of complaints had also improved.

These improvements meant the provider had taken the action necessary to comply with the warning notice issued following our previous inspection. In addition, systems and processes in relation to the management of medicines and infection control risk had been updated following recommendations made in our previous report. Staff recognised the service had improved significantly since our last inspection and told us, "There is nothing for you to be worried about at the moment."

People and their relatives told us South Western Care Services staff were kind and caring. Their comments included, "The care is very good", "The care is marvellous and it's the lovely contact they have with my relative" and "They have very caring staff."

Since our last inspection the provider had notified the commission appropriately of all significant incidents that had occurred.

The service's recruitment practices were not safe as necessary Disclosure and Barring Service checks had not been completed before new staff were permitted to provide support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely safe. Necessary pre-employment checks had not been completed to ensure prospective staff were suitable for employment in the care sector.

Visits were generally provided on time and for the correct duration.

Staff understood safeguarding procedures and there were appropriate risk management systems in place.

The provider had taken action to address the recommendations made in our previous report in relation to infection control practices and systems for supporting people with medicines.

Requires Improvement ●

Is the service well-led?

The service was not entirely well led. A new visits scheduling system had been introduced which provided staff with appropriate amounts of travel time between care visits.

Quality assurance systems were significantly improved and people's feedback and complaints were now listened to, recorded and addressed. However these systems had failed to identify that necessary DBS checks had not been completed.

The service had submitted all necessary notifications to CQC.

We have not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

South Western 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 checked 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 1 and 2 November 2018 and was announced in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was previously inspected in June 2018 when it was found to require improvement overall and four breaches of the regulations were identified. As a result of the concerns identified during the June 2018 inspection a warning notice was issued. This inspection was completed to check the service had made the improvements required by that warning notice.

Prior to the inspection we reviewed the previous inspection report and notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the four people who used the service, 11 relatives, five members of care staff and the registered provider. We also inspected a range of records. These included daily care records, call monitoring information, staff visit schedules, three staff files, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

At our last inspection we found that people's care needs were not being met as care visits were not provided on time or for the correct duration. People told us they did not feel entirely safe because they did not know when their care would be provided. Our analysis of visit time information found there were significant variations in staff arrival times and that staff were routinely providing care visits significantly shorter than planned. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this follow up inspection we found people now felt more secure and that the reliability of the service had improved. Most people now reported that their care visits were provided on time and their comments we received included, "They are always on time, they are very good" and "The timing is good and we get to see the same carers." However, two of the 15 people and relatives we spoke with during this inspection reported that they still regularly received late visits.

Staff said the service's visits schedules had been updated following our previous inspection and told us they were now able to provide care visits on time. Their comments included, "You can get to visit on time and you don't feel that pressure to do visits quickly. I think people are happy about the change", "I feel it is a lot better out there. I have enough time with clients and you know you have the time you need to get to the next person" and "Most visits are on time and we can ask for changes to be made to the rota where necessary." We completed a detailed analysis of visit arrival times from a sample of 961 care visits in October 2018. We found staff now regularly arrived on time and that 72 % of care visits began within 30 minutes of when they were due.

The service used a digital care planning and call monitoring system to ensure care visits were not missed. Since our last inspection the provider had introduced a system of bonus payments for staff to encourage accurate use of this system. We found that the majority of staff were now using this system appropriately. Staff told us, "With the calling in system they do chase you if you forget", "Logging in and out has become much better" and "Call monitoring is going quite well and everyone knows how to use it. I know I have definitely improved." Staff used this system to record their arrival and departure time from each care visit and managers told us, "We sit here every day monitoring the call monitoring and checking on staff." This was done to ensure staff safety and check that all planned visits were provided. Staff told us there had been, "No missed visits" since our last inspection and commented, "Missed visits do not happen often" and "If the rota changes they send you a text as well. They are pretty good about telling you about any changes." Where managers made changes to staff visits schedules there were appropriate systems in place to ensure staff knew which visit they were expected to provide each day.

We reviewed the service's visits schedules for the week following our inspection and found there were sufficient staff available to provide all planned care visits. However, one person told us, "I sometimes feel they are short staffed" and we noted during our analysis of visit schedules that staffing levels were lower at weekends. Staff said, "Most of the time there are enough staff. Weekends and sickness at weekends can be a struggle" and "We do have enough staff. The main issue is sickness at the weekend." We found there had

been occasions where care visits had been later than planned at weekend. We discussed these issues with the provider who explained this had occurred because of unexpected staff absence or incidents that had occurred during earlier care visits.

The provider had recognised that staffing arrangements meant staff sickness at the weekend could impact on the quality of support people received. As a result, a stand-by staff role was being introduced. One member of care staff would be paid each weekend to be available to provide care visits at short notice if required. The stand-by role was designed to supplement the existing management on call arrangements to ensure staff sickness did not impact on the quality of support people received.

Since our previous inspection the provider had introduced targets in relation to visit duration. Staff were now expected to provide a minimum of 85% of the planned visit length and this was monitored by managers. Where visits were shorted than planned staff were now required to inform the management team why this had occurred. During our inspection managers contacted staff to seek explanations as to why visits had been shorter than planned and one staff member told us, "The managers are keeping track of what is going on. I have come in today as two calls did not record on the system."

The service had identified that some people did not want all of the support that had been commissioned and were regularly sending staff away before the end of their planned care visit. Managers told us, "If visits are consistently shorter than planned we will contact the person and ask if they are happy for the visit length to be reduced." Where people were happy for their visits lengths to be reduced commissioners were contacted for authorisation to make the requested changes. Daily care records showed staff respected people's decisions and choices in relation to the duration of their care visits.

People's positive feedback combined with the identified improvements in both staff arrival times and visit durations meant the service was now meeting people's care needs. This meant the service was now compliant with the requirements of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service's recruitment processes were not sufficiently robust to ensure people's safety. Since our last inspection the service had failed to complete all necessary pre-employment checks before new staff were permitted to provide support. Records showed that Disclosure and Barring Service (DBS) checks had not been completed for staff employed since our last inspection before they were permitted to provide care and support. This meant people were exposed to unnecessary risk as the service had failed to ensure new staff were suitable for employment in the care sector.

This is a breach of the requirements of regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe while receiving support from South Western Home Care and their comments included, "I tend to see the same carers, that makes me feel safe because I recognise them" and "It makes me feel safe because everybody is so cheerful and nice."

Staff understood local safeguarding procedures and told us they would raise any safety concerns with their managers. Staff were confident managers would act on any issue they reported and guidance on how to make safeguarding alerts was available to all staff. Records showed, where staff had raised concerns with their managers, appropriate action had been taken to ensure the person's safety. Staff comments included, "People are safe", "I have done quite a lot of safeguarding training. I flagged up a concern and it got sorted"

and "I have reported things to the manager and they have made safeguarding alerts."

Risks assessments had been completed as part of the care planning process and staff told us, "All the care plans have risk assessments." For each risk identified, staff were provided with guidance on how to protect people and themselves from the specific risk. Any accidents or incidents that occurred were recorded and investigated by the provider to identify any changes of practice that could be made to ensure people's safety.

In response to the recommendation made in our previous report the provider had completed a review of how the service supported people with medicines. Relevant guidance had been reviewed and new systems introduced to ensure all staff understood how to support people to safely manage their medicines. One person's relative told us, "The staff always make sure my relative takes their medication and they put a cream on her legs which she needs" while staff said, "I have done the meds training." We saw staff had been provided with appropriate guidance on the level of support people required with their medicines and that daily care records showed this support had been provided.

The provider had acted in response to the recommendation made in our previous report about infection control practices and the use of Personal Protective Equipment (PPE). Since that inspection all staff had been provided with additional infection control training and been reminded of the appropriate use of PPE. At this inspection people told us staff always wore PPE when providing personal care and we saw these items were readily available from the service's offices.

Is the service well-led?

Our findings

South Western Care Services provides support to people in their own homes in rural areas of south Cornwall. At our last inspection we found that the service's visits schedules were unrealistic and did not include appropriate amounts of travel time between consecutive care visits. This led staff to shorten planned care visits to give them sufficient time to travel between people's houses.

In response to the findings of our previous inspection a review of the service's staff rotas and visit schedules had been completed. Where the service was supporting people in particularly remote or isolated areas these packages of support had been returned to care commissioners for allocation to other providers. This had allowed the service to completely redesign visit schedules and managers told us, "We returned some of the big packages that were furthest away. It all works well now."

A new visit scheduling software system had been introduced. This system automatically calculated the distance and time required to travel between care visits using on-line route planning software. The service was now using this system for all care visits and staff told us this was a significant improvement. Staff said their visit schedules were now achievable and commented, "I feel the rotas have changed a lot. They have really looked into sorting out the rounds", "I feel a lot more relaxed and I am not chasing may tail anymore", "We have definitely got more travel time", "It does feel like it has improved. We used to have to rush. It now has about the right amount of travel time on the rota" and "Travel time is fine. No issues there, that has been sorted. Visit times have got better as well as you don't have to rush around."

We reviewed the rotas staff received via the mobile phone application and the service's visit schedules. We found staff were now allocated realistic amounts of travel time between consecutive care visits. This meant staff were now able to provide visits on time and of the correct duration.

At our last inspection we found the service had failed or act on adverse feedback they had received to improve people's experience of support. Following that inspection the service had introduced monthly telephone surveys and the service's operation manager told us, "I ring the clients every month and ask specific questions about visit times." We reviewed records of this feedback and found that people's opinion of the service had improved since our last inspection. We found, where people had raised minor issues in relation to the timing of their planned care visits, these issues had been resolved and in subsequent surveys people had expressed their gratitude for the action taken to address their issues. For example, notes of people's feedback included, "Happier with earlier evening visit", "Finds the earlier evening visits a lot better. Really happy" and "Happy with everything. Issues brought up in last QA have been resolved." During the most recent survey one person had asked for an, "Earlier visits, if possible before 10.00 am." We looked at this person's visit schedule for the week of our inspection and found their morning visits were due at 08:15 each day. This demonstrated the service now had appropriate systems in place to ensure people's feedback was acted upon.

Staff told us the service's performance had significantly improved since our previous inspection and their comments included, "It really has got a bit better. Things are going well" and "There is nothing for you to be

worried about at the moment."

These significant improvements to the service's performance meant it had complied with the requirements of the warning notice issued following our previous inspection and was no longer in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, the service rating has not been changed as it is necessary for the service to demonstrate that improvements have been sustained before it can be rated as good. At our next comprehensive inspection of the service we will review these issues.

At our previous inspection the provider did not have robust systems in place to ensure all complaints received were recorded, investigated and resolved. Following our inspection, the registered manager had completed a review of the service's complaints system and new procedures had been introduced to ensure all complaints were recognised and investigated. Complaints received after our last inspection had been acknowledged and appropriately investigated. This had involved analysis of call monitoring data and discussions with staff to establish how the issue which had led to the complaint had occurred. Where failings were identified these had been recognised and new systems introduced to prevent similar issues reoccurring. People said the service complaints systems had improved and that managers now listened to and addressed any issue they reported. People now felt confident raising issues and told us, "I'd soon let them know if I had a complaint." While relatives said, "The response I get to any concerns is very good" and "If I have any concerns, they always look into it."

During our previous inspection we identified a number of significant events and incidents that had occurred. The service had failed to notify the commission of these events. This was a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

At this inspection we found managers now had a good understanding of the notification requirements and all necessary notifications had been submitted. Since our last inspection 11 appropriately completed notifications had been received in relation to a variety of events that had occurred. This meant the service was now compliant with the requirements of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The service was led by the provider who was based in the service's offices full time. The provider was supported by a management team whose roles and responsibilities had been reviewed in light of the findings of our previous inspection. Staff told us they were well supported by the service's leadership and their comments included, "The managers are all good. They listen and sort things out", "The managers are really good. Very supportive. They work round the clock to help us" and "The managers are brilliant, any problems they come and see. Then they sort it out."

Staff had been involved in the changes introduced to resolve the issues identified at the last inspection and team meetings had been held regularly to ensure staff understood why changes were being made to the service's systems and procedures. When the new visit scheduling system had been introduced staff told us their feedback had been sought and acted upon. Staff said they had felt involved in and support through the changes that had been made and told us, "I feel they are really trying to sort things out" and "I feel it is calmer."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Necessary recruitment checks had not been completed.