

SC Galaxy Care Ltd

# SC Galaxy Care

## Inspection report

22a Randlesdown Road  
Bellingham  
London  
SE6 3BT

Tel: 02084883767

Date of inspection visit:  
04 September 2018

Date of publication:  
30 October 2018

### 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

This inspection took place on 4 September 2018 and was announced. SC Galaxy Care is a domiciliary care service. It provides personal care to people living in their own homes. Not everyone using SC Galaxy Care receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating.

At the last inspection on 6 June 2017, we found that the service did not meet fundamental standards in some aspects of the service. We found one breach of regulation relating to how staff supported people. The registered manager and staff did not understand how to support people to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were met. We requested the registered manager send us an action plan to tell us how they planned to make improvements to the service. We received this information as requested.

At this inspection we followed up on the breach of regulation to see if the registered provider had made improvements as required. We found the registered manager had taken action to address our concerns and now met the fundamental standards.

The service had a registered manager in post. 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 registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff completed training in the MCA which helped them identify when people lacked the mental capacity to make decisions for themselves. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff gave people enough information and choices to enable them to make an informed decision and give staff their consent.

The registered provider had a safeguarding policy in place. Staff understood abuse and how to act to manage a safeguarding allegation and protected people from harm. The registered manager was kept updated on any safeguarding incidents in the service.

Staff identified risks to people's health and wellbeing. Staff recorded these details in risk assessments and developed a plan to manage those risks for people.

There were sufficient members of staff to meet people's care and support needs. The registered manager completed pre-employment checks while following a robust recruitment process.

Medicines were managed safely. Staff supported people with the administration of medicines. There were

effective processes in place for the management of people's medicines.

Staff were supported by the registered manager through a programme of induction, training supervision and appraisal.

Staff supported people to prepare meals of their choice. People had meals they enjoyed which met their preferences and dietary needs. People had access to healthcare services. This helped them to maintain and improve their health and wellbeing.

Assessments were completed with people using the service. Each person had an assessment of their needs and a care plan that guided staff to care for people safely. People could make decisions about how they wanted their care and support carried out.

The registered manager and staff were aware of end of life care. At the time of the inspection, there were no people receiving palliative support or end of life care.

People and their relatives said staff treated them with respect, kindness and were helpful. Staff respected people's privacy and provided care in a dignified way.

The registered provider had an infection control policy. This guided staff on what actions to take to reduce the risk of infection.

The registered provider had a complaints policy. People were provided with a copy of the complaints process and information on how to make a complaint about the care and support they received.

The registered manager provided an environment which staff were happy to work in. Staff said the manager was open and honest and supported them when they needed this.

Quality monitoring of the service took place. The registered manager completed checks of the service to ensure it was of a good standard.

People gave their feedback to the registered manager about the quality of care and support they received.

The registered manager kept CQC informed of notifiable events that occurred at the service.

Partnership working was developed with health and social care professionals. Staff accessed these services to help people maintain their health and well-being.

## 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 

This service was safe.

Staff understood abuse and knew how to protect people from harm. Staff were trained in the registered provider's safeguarding processes.

Risks related to people's health and wellbeing were assessed. Staff followed risk management plans to keep people safe.

Medicines were managed safely. The systems in place enabled staff to manage people's medicines safely.

The registered manager followed safe recruitment processes. Pre-employment checks were carried out and returned before staff worked with people. There were enough staff to care for people safely.

### Is the service effective?

Good 

The service was effective.

The registered manager and staff followed the guidance of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had an induction, training, appraisal and supervision.

People's health care needs were met and were reviewed and monitored by healthcare professionals.

People had meals that met their needs and requirements.

### Is the service caring?

Good 

The service was caring.

People's needs were known and understood by staff.

People and their relatives made decisions about their care and how they wanted this delivered.

People said staff were respectful and showed them kindness.  
People's care and support was carried out by staff who promoted their dignity and privacy.

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

The service was responsive.

Each person had an assessment that identified their care and support needs.

People's care and support needs were regularly reviewed by staff to ensure any changes were identified.

There was a complaints system which people were familiar with and helped them to complain about aspects of their care if they were unhappy.

**Good** ●

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

The service was well led.

There were systems of audit in place that were used to monitor and review the service.

Staff were happy working for the service and enjoyed their job supporting people.

People were supported to feedback about the quality of care

**Good** ●

# SC Galaxy Care

## **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 4 September 2018, carried out by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available to support this inspection.

Before the inspection, we looked at information we held about the service, including notifications. A notification is information about important events, which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also spoke with the registered manager. After the inspection we spoke with two people who use the service and one relative. We looked at three care records, medicine administration records (MAR) for three people, three staff records and other documents relating to the management of the service.

After the inspection, we contacted representatives from the local authority but did not receive any feedback from them.

# Is the service safe?

## Our findings

At our previous inspection on 6 June 2017, we found that medicine administration records (MARs) did not always record when a medicine was not given.

At this inspection we found the registered manager had taken action to make improvements to the service.

People had their medicines managed safely. The registered manager had a medicine management policy that guided staff to effectively administer medicines for people. Each person had a medicine administration record. These were checked and audited on a regular basis to ensure people received their medicines as prescribed. We saw these records were accurate, when gaps were found in the MARs these were picked up and discussed with the member of staff concerned and this was recorded on the MARs following the audit.

People we spoke with said the care and support they received was safe. Their comments included, "The staff are very safe in the way the care for me", "I feel unsteady sometimes when I walk but [care worker] makes me feel safe and secure", and "I trust [care worker] they have not done anything for me not to feel safe with them."

Staff understood how to protect people from harm and abuse. The registered manager ensured staff completed safeguarding training for adults and children. This provided staff with the knowledge and helped them develop their skills to manage an allegation of abuse safely. The registered manager had systems in place to alert and report to the local authority safeguarding team incidents that needed investigating. The provider's safeguarding policy detailed the processes staff should undertake to ensure people were protected from harm and abuse. One staff member said, "I would let the manager know straight away if I suspected abuse or a person told me they suffered abuse."

The registered manager had systems in place for risks to be identified and managed. Each person had a risk assessment completed. This identified risks associated with people's health and care needs. Staff identified potential risks relating to the person's ability to walk, health conditions, mental health needs and eating and swallowing needs. A risk management plan was developed to guide staff. The risk management plan contained details of how staff could reduce the occurrence of risks. For example, one person was at risk of falls and their care plan detailed the walking aid and the support from the care worker the person needed to remain safe.

There were systems in place to manage accidents and incidents. Care workers informed the office based staff of events that occurred. These were recorded and dealt with by the office-based staff and they kept the registered manager informed of the actions taken. Records showed that when an incident occurred these were managed in a safe way and an outcome of staff actions was recorded and signed off by the registered manager.

Enough members of staff were available to provide support to people. The registered manager had a staff rota. We reviewed these for a period of four weeks. It showed there were sufficient staff to support people's

health and care needs. When two members of staff were required this was made available and recorded on the staff rota. There was a system in place to manage missed visits. People told us that office staff contacted them if a care worker was going to be late for their visit. People commented, "The [office based staff] are good they call me if [care worker] is running late", and "The [office based staff or care worker] let me know if they are running late, it doesn't happen often."

The registered manager ensured staff were recruited in a safe way. Staff completed pre-employment checks on newly recruited staff. Checks were carried out on staff's previous employment, including gaps in their employment history, information relating to their right to work in the UK and criminal records checks from the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. Staff confirmed their identity and their right to work in the UK.



## Is the service effective?

### Our findings

At our previous inspection on 6 June 2017, staff did not have an understanding of the Mental Capacity Act 2005 (MCA) to ensure they effectively supported people. These issues were in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that staff did not have a training programme and did not complete refresher training to enable them to keep up to date with best practice.

At this inspection we found actions had been taken by the registered manager to improve the service.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of this inspection no people were supported within the framework of the MCA. No applications had been made to the Court of Protection.

The registered manager and staff had developed their knowledge and skills of the MCA. Since the last inspection each member of staff and the registered manager had completed training in the MCA. The training provided them with guidance to support people who lacked the ability to make decisions safely. People who received support from staff were able to consent to their care. However, the registered manager had developed guidance for staff to follow in preparation for supporting people who lacked the capacity to make specific decisions. The registered manager told us that they sought advice from local authority teams if they had a concern about a person's ability to make decisions for themselves. The registered manager said, "We have told staff if they notice a change in a person's mental health or ability to make decisions to contact the office and speak with me. We can make referrals to the local authority for a mental capacity assessment if we have concerns."

People gave staff their consent before they were supported. People understood their care and support needs and staff offered them choices in their care. People commented, "[Care worker] always asks me what help I need" and "The [care worker] asks me 'what do you want help with'."

The registered manager supported staff who were employed at the service. Since the last inspection the registered manager had developed a training programme. Training was completed through on line courses and face to face training facilitated by experienced in house, and external staff. In the designated training room staff could take part in practical and theoretical aspects of training. The registered manager had systems in place to track the training staff had completed and when this was due for renewal. Training included safeguarding adults, medicine administration and basic life support and food hygiene and included the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This training gives employers the confidence that workers have

the same introductory skills, knowledge and behaviours to provide compassionate, safe care and support.

Newly employed staff completed a programme of induction. This provided staff with knowledge and helped them to develop skills in care. Senior members of staff supported newly employed staff as mentors. This enabled the new staff to learn from their experienced colleagues.

Staff had the opportunity to reflect on their role within the service. The registered manager had arrangements in place for staff to complete supervision and an appraisal. During supervision meetings staff reviewed their current practice and discussed concerns about their daily practice with their manager. Staff had a yearly appraisal. Staff reflected on their job performance, training and development needs within the year. The registered manager supported staff to access additional training and support if this was required.

People had food and drink which met their needs. People either had food available or staff shopped for them. People said staff supported them to prepare meals or prepared meals for them if they were not able. People said they enjoyed meals provided and staff left drinks available for them after the care visit had ended.

People had access to health care support when necessary. Staff understood people's care and health needs and recognised when people's health care needs changed. Referrals for health care advice were made to help meet people's changing needs. For example, records showed that staff sought advice from a person's GP when they needed urgent medical assistance. We saw other examples of staff referring people to the Lewisham Integrated Medicines Optimisation Service (LIMOS) medicines management. The LIMOS team provides staff and people with practical advice and support with the administration of medicines.

## Is the service caring?

### Our findings

People said staff were caring, respectful and showed them kindness. People commented, "Oh yes, [care worker] is brilliant and so caring", "I couldn't manage without [care worker] she helps me so much", "Yes, the carers that come here are so very kind and caring" and a relative said "The carer is so gentle and kind to [my relative] I am happy to see that they have a chat and a laugh together."

Staff cared for people while they protected their dignity and privacy. People and relatives we spoke with said staff supported people with their personal care in private. A relative said, "The carer always shuts the door when they are supporting [my relative] with having a wash and they make sure [my relative] is covered up so they are kept dignified." We did not make home visits to people during this inspection. During our discussions with staff they spoke about people's care needs confidently. Staff had cared for people for many years and from our discussions we found they knew people they cared for well.

Each person had an assessment of their care and support needs and these were used to develop a plan of care. Assessments and care plans were completed with people's involvement. People's care plans included information on what support people required on each care visit, their support, health care and cultural needs were also recorded. This enabled people to be aware of the support they were going to receive. People were provided with copies of their care plan following their assessment so they were familiar with the level of support expected. People's care records held copies of people's assessments and care plans so office staff had access to them when needed.

Each care plan was reviewed. People, their relatives and health and social care professionals contributed to the review. Care plan reviews ensured people continued to receive the appropriate level of care and support to meet their needs and preferences. This ensured staff and people had the most relevant information about people. When people's needs changed these were updated in people's care plan so staff had accurate information about people.

On each visit staff recorded the support they provided. We saw copies of care logs staff wrote during their care visits. This detailed the support people received. The care plan guidelines matched the entries care workers made in the care logs. Each care log was returned to the service. Office based staff reviewed the quality of these to ensure it was of a good standard. The care logs showed that staff had followed the guidance in people's care plans to ensure they provided care to meet people's assessed needs.

Staff encouraged people to maintain their independence. Staff supported people with their care and support needs. However, staff motivated people to do some tasks for themselves. For example, one member of staff said they encouraged a person to wash their face and the upper part of their body. They said, "[person using the service] is very independent and due to an illness, they can no longer manage to have a wash without support. But they want to do as much of this for themselves and I support them to do that. It also makes [person] feel better and have some control."

## Is the service responsive?

### Our findings

People were cared for by staff who responded to their care and support needs. Assessments were completed with people. Before care was provided staff completed comprehensive assessments. Assessments took place so managers could decide on whether staff had the skills, knowledge and expertise to provide appropriate care for people. People's assessments included people's likes and dislikes and this enabled staff to tailor the support to meet people's individual needs. These captured people's views and opinions, details of their medical and health care, cultural and social care needs. Staff assessed people's abilities, so care workers had knowledge of what things people could do independently. This approach enabled people to receive appropriate, individualised care.

People's care records were personalised. Risks were clearly recorded and detailed when a person needed additional support to reduce the likelihood of deteriorating health. Staff told us that they would always follow the person's care plan to ensure the person received the relevant care. Care workers demonstrated they used their experience to support people. One member of staff said they would check a person's skin while supporting them with personal care. Any areas of injury or redness was reported to office based staff and appropriate clinical care was provided for the person.

The registered manager maintained a regular number of staff. They told us this was managed as much as possible so people received continuity in their care and for staff to understand people's needs so they could effectively meet them.

The registered manager assessed people's needs and met them in line with the Accessible Information Standard. People with visual impairments and who required large print documents had these made available for them. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand.

The registered manager had a process in place to support people who required end of life care. Staff completed training in palliative care which provided them with the skills and knowledge to support people who required end of life care. No people using the service required this support however, staff developed their knowledge so they could provide effective care. Assessments collected details of contacts that should be contacted in an emergency and when people reached the end of their life. The registered manager and staff had an awareness of end of life care and how to support people whilst respecting their end of life wishes.

The registered provider had a well organised system to manage complaints. Each person who used the service was provided with a copy of the complaints process. The registered manager was aware of all complaints or concerns raised with office based staff. The registered manager followed the complaints process and investigated complaints appropriately and responded to a complainant once the investigation was concluded. At the time of the inspection all complaints received had been managed and responded to appropriately. People did not raise any complaints about the service with us. People said they knew who to talk to if they had a concern or if they wanted to make a complaint. One person said, "No, I have no

complaints but I would call the office if I need to complain about something."

## Is the service well-led?

### Our findings

At the last inspection on 6 June 2017, we found that the service was not always well led. The registered provider did not have systems in place for staff training and to implement guidance in the Mental Capacity Act 2005.

At this inspection the registered manager had taken action to improve the service.

The provider had established a training programme for staff. Staff had training during their employment at the service. Refresher training for staff was also made available. The registered manager identified that staff needed to be updated with best practice and recent guidance. The new training programme included the Mental Capacity Act 2005. This enabled staff to be familiar with MCA and how they would support people who were unable to make decisions for themselves. The registered manager informed us that the new training systems had improved staff skills, knowledge and confidence in supporting people effectively. We will check this at our next inspection.

People said the service was well-led. They said that the registered manager and office based staff responded to their enquiries and telephone calls. People said staff were friendly and helpful and resolved their concerns.

The registered manager supported staff through regular team meetings. Staff were updated on events that happened in the service. Staff said the registered manager operated an honest and open policy and allowed all staff to contribute to team meetings. Staff discussed their daily practice and the registered manager discussed operational concerns with them.

Staff said they enjoyed working at the service. Staff said the registered manager was supportive, listened to them and helped resolve the problems they encountered during their work. Staff said the registered manager was friendly and they were confident in their leadership of the service.

The provider had established systems to review the quality of care. Regular reviews were carried out to check the quality of care records. Staff audited care records to ensure they were regularly updated and reflected people's current needs. The care records we reviewed contained information that described people's assessed needs and the care and support required to meet them.

There were processes in place to review and monitor the quality of the care delivered by staff. Care workers had regular checks to ensure the care and support provided was delivered in line with people's care and support needs. Office based staff carried out spot check observations. Spot checks assessed staff's competency in providing person centred care to people while following their individual care plans. Office base staff reviewed staff's practice and discussed any practice issues with individual care workers.

People were encouraged to provide their opinions on the care and support they received. Staff requested people's feedback about their care from telephone questionnaires and each year on an annual written

questionnaire.

People's feedback about their care and support was positive. People rated the service highly and were happy with the level of care they received. The registered manager gathered the responses from all of the feedback and these demonstrated people were satisfied with the care being provided.

The registered manager and staff had good working relationships with health and social care services. The registered manager attended regular meetings with colleagues in the local authority. Staff had contact details of staff that they could contact if they needed support or advice and had concerns about a person. People benefitted from the links staff made with health and social care services because staff could contact health and social care professionals when this was required to ensure that people's individual needs were met.