

Smartway Health and Social Care Limited

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Inspection report

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12 April 2018

13 April 2018

23 April 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12, 13 and 23 April 2018 and was announced to ensure someone would be present at the service to provide us with any information we needed to support the inspection process.

This was the first inspection since the service was registered with the Care Quality Commission in May 2015. Smartway Health and Social Care Limited is a domiciliary care service providing support for people living in their homes who may need support with aspects of their daily living.

There was 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.

People were protected from potential harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and, where necessary, appropriate action taken to keep people safe.

Staff supported people to take their medicines safely and as prescribed.

People were treated with respect, consideration and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence whenever possible.

People were supported by a team of staff that had had training and support to maintain their skills and knowledge to meet their needs.

Care was provided in a personalised way from staff who knew people's needs and preferences. People were involved in the planning and review of their care and support. Information and arrangements were in place for the staff team to respond to concerns or complaints from people using the service and their representatives.

People who used the service who we spoke with and their relatives all had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team.

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.

People were safeguarded from the risk of potential abuse because staff understood their role in protecting vulnerable people.

People's medicines were safely managed.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a suitably skilled and trained staff team.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

Staff received regular supervision and support from the registered manager.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People were helped to make informed decisions about their care and support.

Is the service responsive?

Good ●

The service is responsive.

People were involved in decisions about their care and support.

A complaints procedure was in place and people were aware of how to make a complaint if needed.

People's care plans were centred on their individual needs and preferences and were kept under regular review.

Is the service well-led?

Good ●

The service was well-led.

A manager registered with the Care Quality Commission was in post.

People we spoke with were complimentary about the registered manager and overall management of the service.

A system of quality auditing was in place to help improve the service provided to people.

Smartway Health and Social Care Limited

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 12, 13 and 23 April 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Smartway Health & Social Care provides a domiciliary care service, and we needed to make arrangements to speak with the people using the service, staff and have access to records. The inspection was undertaken by one adult social care inspector.

Before we visited the service we reviewed the information we held about the service, including the Provider Information Return (PIR) that the provider had completed in June 2017. 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 reviewed notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events.

Although we did not visit people in their own homes, we did speak with a number of relatives of people using the service over the telephone. We spoke with the registered manager, deputy manager, two senior carers, two carers and the administrator for the service. We looked at eight people's care records, seven staff personnel files and staff training records. We also looked at three people's medicines records and records used by the provider to monitor and assess the quality of the service being provided.

Is the service safe?

Our findings

All of the people we asked, who received a service from Smartway Health and Social Care, told us they felt safe in their own homes and had no worries at all about the care staff that supported them. Comments received included, "We have no worries about [name] safety when receiving a service", "The staff are very caring and make sure [name] is safe and cared for" and "The manager sometimes comes to check everything is okay, which it always is."

One relative we spoke with told us, "The girls [care staff] do everything by the book, they clear up after themselves and I've never had to make a complaint."

Policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm and reporting incidents appropriately. Our discussions with the registered and deputy manager confirmed they were fully aware of the local authority's safeguarding adult's procedures and the action to be taken to report incidents.

Staff spoken with told us what action they would take should they suspect someone was at risk of abuse and also confirmed they had received training in this subject. They also said they had full confidence in the registered manager that anything reported to her would be responded to immediately with appropriate action being taken.

Prior to a person using the service they would be assessed and this would include developing an initial support plan and identifying any known risks that could compromise the person's safety if not managed appropriately. In the Provider Information Return (PIR) we were told that a comprehensive care plan was developed that included all the details of the person using the service, to ensure the carer can provide a full service that meets the persons identified needs. In those care files we looked at, we saw that care plans were in place that provided the care staff with lots of relevant and important information about the person receiving a service.

Risk assessments had been developed in line with the care plan details which gave care staff clear directions in what action to take in order to minimise the identified risk, especially when supporting a person to maintain their safety.

We saw that any accidents and incidents were recorded and the registered manager reviewed the information and any lessons learnt were followed through and if necessary, care plans were updated to reflect any changes that were required.

At the time of the inspection there were approximately 31 employees working at the agency and we were provided with the staff rotas which indicated that rotas were fully covered, with regular staff covering for annual leave, sickness and short notice absences. It was also confirmed by people who we spoke with that used the service and staff, that the registered and deputy manager regularly covered shifts to make sure people received their planned care. Staff we spoke with told us that they received their rotas in time to allow

for planning visits, with changes only being made to make sure people did not miss a visit if their regular carer was unavailable.

Within the PIR we were told that the agency, when recruiting staff, looked at any gaps in employment history, requested a minimum of two (appropriate) references and requested an enhanced Disclosure and Barring Service (DBS) check. The DBS carry out a criminal records check on people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. We looked at seven staff personnel files. We saw staff had been recruited in a safe way. All appropriate and required checks had been undertaken and staff spoken with confirmed that face to face interviews had taken place and they were subject to satisfactory pre-employment checks being completed before they were allowed to start working for the agency.

Care staff we spoke with told us they were confident in their abilities to support people with medicines as they had received the right training and had the right skills to do this safely. Within the PIR we were told that all staff were trained in the safe handling of medicines and records seen confirmed this. At the time of the inspection, the management team were reviewing the documentation used to record how people were supported with their medicines, either by prompting, assisting or administering. We saw evidence that regular competency checks had been carried out to make sure staff continued to support people with their medicines safely.

The registered manager told us that staff rotas were planned to make sure that people received a consistent and reliable service. Calls were planned in order to make best use of travelling time between calls and to make sure people received the amount of care and time agreed in their care plan.

The agency had an emergency contingency plan in place in the event of an emergency or incident potentially disrupting the service which informed all staff of their responsibilities and action to take should such a situation arise. This demonstrated that robust systems were in place to support and protect the health and safety of both people using the service and staff.

Is the service effective?

Our findings

We asked those people we spoke with if they thought staff were sufficiently trained to meet the needs of the people they provided support to. Their comments included, "The staff appear to be trained very well", "They must be trained to be good at their job" and "They [staff] certainly know what they are doing."

Within the Provider Information Return (PIR) we were told that 'We train our staff in 22 courses before completing work shadows (shadowing experience staff), and staff training is updated when required and all staff have a staff handbook and regular supervisions and spot checks are carried out.'

Staff personnel records and discussions with staff demonstrated staff had undertaken an induction to the service and that they also linked to an experienced member of staff to shadow until they felt settled and confident in their new role.

We were provided with information about staff training and saw that staff had access to three computers in the 'training room' at the agency's office base. The registered manager told us that most of training was carried out 'on-line' but training such as moving and handling and first aid also included face to face practical training as well.

Training available for staff included, basic first aid, moving and handling, safe administration of medicines, safeguarding, mental capacity, dementia care, pressure care, person centred care, consent, nutrition and diet and diversity and equality. The registered manager also confirmed that newly employed staff who were also new to health and social care would complete the 'Care Certificate'. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed by Skills for Care, Health Education England and Skills for Health and while undertaking the care certificate is not mandatory, it is considered good practice.

Staff we spoke with confirmed they received formal supervision on a regular basis and records seen confirmed this. Staff also said they received regular spot checks and medicine competency checks carried out by senior staff, whilst carrying out their duties and records seen confirmed this.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and those staff we spoke with had a good working knowledge of the key requirements of the MCA 2005.

Staff spoken with told us they felt supported in their role and that there was always a member of the senior team available, either based in the office or on-call to discuss issues or concerns with. This meant that staff had direct support in the community of senior staff to help address any urgent issues.

Is the service caring?

Our findings

People who used the service who we spoke with and their relatives all had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team. One relative told us, "Before using Smartway we used various others agencies and were not at all satisfied with the service they provided. We really wish we had used Smartway from the beginning, you couldn't wish for a better service, we are really happy with things."

Within the Provider Information Return (PIR) we were told that 'all staff are trained to deliver care by looking at each individual care plan ensuring that each person is treated with dignity, respect and compassion. The care plan is completed in a personalised manner to ensure all staff treats the service user with dignity and care. The manager does regular checks with the service user's to ensure that care staff are all delivering a high standard of care for each individual.'

Staff we spoke with confirmed that people's care plans provided sufficient relevant and appropriate information to enable them to know and understand people's needs and how they were to support the person so that their needs were met. Communication records in each person's care file indicated that staff involved in the person's care support communicated with the person, their families and other health professionals.

In our discussion with the care staff it was clear that they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, also respecting their privacy when providing and supporting them with personal care tasks. One member of staff told us, "I treat people as I would like my own relative to be treated if they were receiving care and support from a domiciliary care agency. I know we provide the best support possible so I would have no hesitation in using our agency."

We asked the registered manager if the service could provide information to people in different formats should they need help to understand the care available to them. We were told that information could be made available in different formats including, pictorial, large print and possibly recording the information in the service user guide onto a compact disc (CD) so people could listen to the information. We were also told that access to translation services could be made available should English not be the person's first language.

Is the service responsive?

Our findings

People who used the service and, where appropriate, their relatives were encouraged to be involved in developing their individual care plan to provide information to care staff about how they would like their care and support to be provided. Staff we spoke with knew people's needs and individual preferences, likes and dislikes. People's care was provided by staff known to them and should any changes to staff be needed, people were always informed of those changes and who would be providing their care.

To enable staff to get to know the person, information was also included about people's life stories and their preferences, likes and dislikes. The document to record such information was entitled 'My Life, My Choice, and My Way.' We saw this document included such details as family life, previous career, children, pets and hobbies and interests. Such information helped staff to understand the personal characteristics of the person and to ensure that these could be respected.

People were able to choose gender specific support and this was identified in people's individual care plans.

There were systems in place to record what care and support had been provided during each carer visit. This included information on when and what personal care had been provided, when support had been provided with medicines and any food preparation. Each month end these records were taken back to the agency's office for senior staff to check as part of the quality auditing process.

One local authority that, at the time of this inspection, purchased services from Smartway Health and Social Care used an electronic call monitoring system. This system meant that staff have to log a telephone call on arrival and on departure from the service user's home. The system also enabled the registered manager to monitor staffs time of calls and to take appropriate action should any problems become apparent.

There were arrangements in place to listen to and respond to any complaints or concerns. There had been one complaint recorded regarding call times becoming later than agreed in the original package of care. There was evidence that the registered manager had dealt with this efficiently and in line with the agreed complaints procedure. The complainant was happy with the outcome and the complaint had been resolved to their satisfaction.

We looked at eight people's care plans and associated documentation and found them to be person centred and relevant. Staff spoken with told us that they referred to people's care plans on a day-to-day basis to make sure they kept fully up to date in case a person's needs had changed since the staffs last visit to the service user.

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

It became evident in our discussion with the registered manager that she was motivated to continually find ways to improve the service and was keen to take any necessary action to make sure good care was provided to people.

People who used the service, their relatives and staff spoke positively about the management of Smartway Health and Social Care Ltd and told us that both the registered and deputy manager were approachable and always available to discuss any issues that may arise on a day-to-day basis. People confirmed they had met the registered manager either when the manager was supporting staff in delivering care, carrying out reviews or carrying out spot checks with the staff.

Our discussions with staff indicated that they embraced the culture of making sure people were enabled to do as much for themselves as possible. We did see that sometimes staff went 'above and beyond' if someone was not well or staff had the time to provide a little extra support, like going to the shops.

Staff were happy and motivated in their roles, and told us that team work was the most important part of delivering good quality care. The registered manager promoted an open and honest culture which was encouraging to staff and would help the service to further develop and improve. Staff spoken with said they felt valued and supported by the management team and if they raised any concerns they were listened to and their concerns were acted on.

There was a range of policies and procedures in place including medicines administration, safeguarding adults at risk, risk assessment and management, equality, diversity and human rights, recruitment and selection and mental capacity policy. At the commencement of their employment, each member of staff received a 'staff handbook' containing all relevant policies and procedures, health and safety guidance and other important matters relating to employment with the organisation.

We found there were systems in place to monitor the quality of service people received. These included weekly, monthly and annual quality assurance checks and audits. These systems were used by the management team to monitor that the service was being maintained to a high standard and enabled action to be taken where improvements could be made.

People were provided with the opportunity to comment on the service they received by way of annual questionnaires. The service was split into geographical areas, with each area being sent questionnaires on a rotational basis every three months. We saw that a total of 43 completed questionnaires had been returned in October/November 2017 and analysis of the answers to questions and comments received indicated that

people felt very positive about the service being provided.

One comment fed back to the service included, '[Name] is the perfect carer as she always goes beyond the call of duty. If medication is low she will call to get replacements. She will leave a list each week for items to be replaced, an excellent carer.' Other comments included, '[Name] has adapted his style of caring to suit me perfectly. I made sure that after a stay in hospital I went back to the same agency (Smartway) so that I could return to [name of carer] care' and '[Name] is perfect for [name] care and is very polite when talking to me. I should hate to lose him. [Name] attention to detail is excellent and his standards are very high.'

One negative point that came from the survey was that people thought that communication from some of the office staff was poor and that information wasn't always relayed as it should have been. Discussion with the registered manager confirmed that appropriate action had been taken to improve communication within the whole staff team.

People using the service were provided with a service user guide a statement of purpose and details of how to make a complaint. These also gave a description of the service's aims, objectives, code of practice and services provided. It also gave information about the provider's commitment to promoting accessibility in respect of methods of communication that could be provided, for example, in other languages or Braille. Information was also provided that promoted equality and diversity in respect of protected characteristics (Equality Act 2010).