SCA Care

Southampton

Inspection report

Amplevine House
Dukes Road
Southampton
Hampshire
SO14 0ST

Tel: 02380366663
Website: www.scagroup.co.uk

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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 9 November 2017 and was unannounced.

At the previous inspection on 22 September 2016 we found SCA Care (Southampton) was not meeting the minimum standards required by the regulations. The provider had failed to make sure people received appropriate care and support which met their needs, and the provider had failed to follow legal guidance where people lacked capacity to make certain decisions. Following that inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of effective and responsive to at least good. We received the provider's action plan in the timescale requested.

At this inspection we found the necessary improvements had been made and sustained. There were no longer breaches of regulations.

SCA Care (Southampton) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older people and younger adults who may have a range of needs arising from physical disability, a learning disability, dementia or mental health needs.

Not everyone using SCA Care (Southampton) received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with "personal care", which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection the provider did not have a registered manager in post. However steps had been taken to recruit a manager who was in the process of submitting their registration application. A registered manager is a person who has registered with the 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.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people according to their agreed call schedules. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. There were appropriate arrangements in place for infection control and the management of medicines.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the need to provide care and support only with the person's consent and of legal requirements where a person was unable to consent. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were

supported to access healthcare services, such as GPs and community nurses.

Care workers had developed caring relationships with people they supported. People were supported to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The service had an open, responsive ethos. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

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 protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered safely and people were protected against the risk of infection.

Is the service effective?

Good

The service was effective.

People's care and support were based on effective assessments and care plans.

Staff were supported by training and supervision to care for people according to their needs

People consented to their care and support and staff were aware of the Mental Capacity Act 2005 if people lacked capacity to make decisions.

People had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with professionally.

Is the service well-led?

Good

The service was well led.

An effective management system and processes to monitor and assess the quality of service provided were in place.

There was an open, welcoming culture in which people were treated as individuals and could speak up about their care and support.

Arrangements were in place to sustain the quality of service provided.

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.

The inspection took place on 9 November 2017 and was unannounced.

The inspection team consisted of two inspectors and two experts 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. For this inspection the experts by experience contacted 26 people who used the service or their family members by telephone.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, 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 spoke with the provider's head of community integration, the manager of domiciliary care and two members of staff.

We reviewed care records including medicines records for five people and staff records for two staff members. Other records reviewed included the provider's action plan, customer satisfaction survey report, service guide, an organisation chart and minutes of meetings. We also saw the staff handbook and reviewed policies and procedures including those for medicines and infection control. We saw a demonstration of the provider's new technology based care planning system.

Good

Is the service safe?

Our findings

When we inspected SCA Care (Southampton) in September 2016 we found they were meeting minimum standards in this key area but we identified areas for improvement. At this inspection we found the provider had made sufficient improvements to achieve a rating of good.

All the people we spoke with confirmed they felt safe and were confident in their care workers' abilities, and trusted them. Where care workers supported people with medicines, people were satisfied the care workers knew what they were doing, and were familiar with the person's needs. One person told us they felt, "Very safe. They are competent, nice caring people. What more could you ask for?" Another person said, "I feel very safe with the person who looks after me. They send the same person each week. They are all nice people. I am happy with the service."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. Staff we spoke with had not seen anything which caused them concern. They were confident any concerns would be handled promptly and effectively by the registered manager. Staff were aware of the provider's whistle blowing policy which protected their rights if they were to raise concerns about the service people received.

The new manager was aware of processes to follow if there was a suspicion or allegation of abuse. When concerns were raised about a staff member the provider had responded in a way that prioritised the protection of the affected person and other people using services. They notified all the necessary agencies, including the police and Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people in a care setting. When requested by the local authority, the provider cooperated with investigations into safeguarding allegations.

Suitable procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding. The provider had a safeguarding board which met once a quarter. The chief executive officer was the chair of the safeguarding board which reviewed all incidents and safeguarding allegations with a view to learning lessons to keep people safe and protected from abuse.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with their home environment. The provider used checklists to identify risks affecting the safety of both people and their care workers. Where necessary there was guidance in place for care workers to manage and reduce the risks.

Risk assessments were in place for individual risks such as those associated with people's medicines, moving and positioning people, and behaviour that challenges. Staff were satisfied they had appropriate guidance to keep themselves and people they supported safe. The new manager had started a review of risk assessments to make sure they were complete and accurate.

In September 2016 we had received information that a number of people had not received scheduled calls. At this inspection we found the provider had made improvements. They had recruited more staff to fill vacancies. There was some use of agency staff to cover absences along with care workers picking up additional hours, and office staff covering emergencies where they were suitably trained and qualified.

The provider had received a recent complaint about a missed call. This was found to have been due to an administrative error, and not due to insufficient staff. The provider was following this up with the person's family.

The new manager had identified that a small number of staff were voluntarily working excessive hours, and had taken steps to sustain their welfare, such as making sure they had regular days off. There was ongoing recruitment to make sure the service could meet their rota commitments.

There was an effective recruitment process designed to make sure staff employed were suitable to work in a care setting. The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records showed that checks had been made with the DBS before staff started to work with people. The provider made sure the same checks were in place for agency staff as for employed staff. New staff had an effective induction which included role playing scenarios and shadowing experienced colleagues. The provider took steps to make sure people were supported by staff who were aware of how to keep people safe.

In September 2016 we found care plans for people who received support with their medicines were not clear whether the care workers should administer medicines for people or prompt them to take medicines themselves. At this inspection we found the provider had made improvements. There had been a review of all medicines guidance, including guidance for medicines prescribed to be taken "as required". Staff had read the updated guidance and policies. The provider had followed this up in staff supervisions and team meetings.

The care plans we reviewed at this inspection contained clear guidance about how care workers should support people with medicines and where people were able to be independent. We found a small number of examples where the records of medicines administered could be improved. There were unexplained gaps in one person's records and it was not always possible to read the handwriting on other records. The new manager was aware of these concerns and had started a review of all care records with a view to moving to a computer based system of care planning.

Processes were in place to protect people from the risks of infection. The provider had an appropriate and comprehensive infection control policy. Staff induction included cleanliness and infection control. People's feedback consistently stated that care workers followed good practice in terms of hand hygiene and the use of personal protective equipment such as disposable gloves and aprons.

There were processes in place to review when things went wrong and to learn from them to improve the service people received. Staff recorded accidents and incidents in a central file which was regularly reviewed and analysed for trends, such as changes in the frequency of medicines errors or falls. This information was used as input for the quarterly safeguarding board meetings. People could be confident that the provider learned lessons from accidents and incidents with a view to keeping people safe.

Good

Is the service effective?

Our findings

When we inspected SCA Care (Southampton) in September 2016 we found the provider had not always complied with the requirements of relevant legislation concerning mental capacity. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and was now meeting the standards required by regulations.

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.

The provider had reviewed all capacity and consent records to make sure each person had a clear statement as to their capacity to make decisions about their personal care and had consented to their care plan. At the time of this inspection there was nobody receiving personal care services who was considered to lack capacity. People's care files contained signed consent forms to show people had agreed to their care plans. People we spoke with were satisfied staff took their consent into account when supporting them. Staff were aware they should assume people had capacity unless they had been assessed otherwise. They were also aware that a person's capacity could fluctuate according to circumstances and some medical conditions. The provider had appropriate processes and procedures ready to document future capacity assessments and best interests decisions.

People we spoke with said they were satisfied that their care workers were familiar with their needs and requirements as specified in their care plans. Care workers were responsive to individual requests on a day to day basis. People told us care workers appeared to be well trained and knowledgeable. People mentioned in particular care workers' skills in the areas of medicines, personal hygiene and mobility. One person said, "Yes, they do very well." Another person said, "They are experienced and do all I want."

People's care plans were based on assessments which took into account relevant standards and guidance. The new manager was aware of potential sources of standards and guidance such as the National Institute for Health and Care Excellence (NICE). Where a person was diagnosed with a particular developmental disorder, their care file contained personalised information from a relevant consultancy and research organisation. A recent survey of using the service showed that 88% of people considered the service "enhanced their quality of life". The new manager had started a review of all care records with a view to moving away from paper based care plans to a computer based system of care assessment and planning.

The provider took steps to make sure people were supported by staff who had the necessary skills and knowledge. There was a comprehensive induction process based on 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. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to

provide compassionate, safe and high quality care and support.

An initial five day classroom based induction was followed by a three month period during which all sections of the Care Certificate workbook were completed and signed off. Training identified as mandatory by the provider included safeguarding adults, health and safety, equality and inclusion, communications, first aid, lone working and infection control. Where appropriate regular refresher training was in place. The provider's records showed this was all up to date.

Training was followed up during staff supervisions which also provided an opportunity to identify training needs. An example of specific training available as a result was training in the safe administration of eye drops. Supervisions were wide-ranging and included discussion of topics such as self-management and equal opportunities.

At the time of this inspection the service had limited involvement in supporting people to maintain a healthy diet. Where they supported people with meals care workers prepared food chosen by the person or their families.

Records showed the provider worked in cooperation with other agencies to make sure their care plans met their needs. The provider had received input from a speech and language therapist, occupational therapist and social services.

Staff supported people to access other healthcare services. Records showed care workers contacted people's doctors and community nurses where they identified a need. There were also examples where a care worker collected prescriptions from the person's GP and then took the prescription to the pharmacy to collect urgently needed medicines.

Good

Is the service caring?

Our findings

All the people we spoke with said their care workers understood them, and were sensitive to their individual needs and preferences. Care workers treated people with kindness and respect, and went to great lengths to protect their dignity. People told us they always enjoyed their care calls, and said that all the staff they met were cheerful and had a good sense of humour. People told us they felt the service provided them with a lifeline and regarded their care workers as an extension to their family. One person described their care workers as, "Good listeners. Good conversation, which is good. That helps."

It was the provider's policy that people should have the same, regular care workers as much as possible. Where people expressed a preference for male or female care workers to support them, this was accommodated and built into the provider's rota system.

The results of a client satisfaction survey showed that 83% of people asked confirmed they saw the same care workers regularly. The same survey showed 96% of people found their care workers to be polite and professional, 92% said their care calls improved their sense of wellbeing, and 63% said their care calls made them feel "less lonely". People received care that gave them emotional support when needed.

People told us they felt involved in decisions about their care and support. This was reflected in the satisfaction survey which had a figure of 84% who agreed they were involved sufficiently in their care planning. Records showed there were yearly reviews of care with people. These reviews covered their general care, and satisfaction with care workers and office staff. One person told us about their care worker, "He comes in and finds what I need help with. He doesn't come in and say 'I'm going to do this.' It is for me to tell him."

The service supported a diverse community of people, and the provider was investigating innovative ways to use technology to help people take part in decisions about their care. They were assessing a hand held device for care workers which included an application to translate where people did not have the same first language as their care workers. The translation was provided both in audio and text format which meant the application could also be used for people with a sensory impairment.

People told us they were satisfied care workers treated them with respect and their privacy, dignity and independence were promoted. One person said, "I get very good service. They are trustworthy, and treat me with respect." Another person said, "They have never ever done anything embarrassing or humiliating. They do what I need and what the care plan says."

People's care plans made clear where they needed support and where they could be independent in their personal care. Care plans also included information about the person's life history which helped care workers take account of individual characteristics such as if the person belonged to a particular faith community.

Client survey results showed 96% of people were happy they were treated with respect and dignity. The

same survey reflected 88% of people were satisfied the service helped them maintain their independence.

Good

Is the service responsive?

Our findings

When we inspected SCA Care (Southampton) in September 2016 we found people's care plans did not always take into account ongoing medical and mental health conditions. This meant they were at risk of receiving inappropriate care which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and was now meeting the standards required by regulations.

The provider had reviewed people's care plans since our last inspection, and the new manager had started a further review of care planning with a view to moving from a paper based to a computer based system. The care plans we reviewed were individual to the person and contained the information care workers would need to support the person safely and effectively. People's care records included information about the person, their interests and life stories, which meant care workers could take this into account in providing care which met people's needs and reflected their preferences. Where people had particular communication needs, these were reflected in their care plan. One person was registered blind, and their care plan told care workers when to use verbal prompts to help them stay oriented. A majority of people (79%) found their care to be good or excellent.

People told us their care workers were flexible and responsive to their changing needs. People said staff would "go the extra mile", and "nothing was too much trouble". A majority of people agreed their care plan met their needs and was updated when their needs changed. People were satisfied their care workers knew what was in their care plans, that they arrived on time and stayed for the correct period of time. Care workers maintained daily logs of people's care which were audited and checked to make sure care and support was according to their care plans. People received care that met their needs.

The provider made sure people were aware of how they could raise issues and formal complaints about the service they received. The complaints process was included in a customer charter which was given to people when they started to use the service and was kept in a file in their home.

If complaints or issues were raised, these were logged using the same forms as for unexpected incidents and reviewed quarterly to identify any trends or patterns. The provider followed up individual complaints and concerns. Where necessary these led to changes in people's care plans or the addressing of staff practice through supervisions.

At the time of this inspection nobody receiving personal care services was assessed as needing end of life care. The provider had prepared staff by means of training for any future end of life care package.

Good

Is the service well-led?

Our findings

At the time of our inspection the provider did not have a registered manager in post. The previous registered manager had left three months before our visit. The provider had recruited a new manager whose application to register arrived with us on the day of our inspection visit. The provider had taken reasonable and timely steps to minimize the period without a registered manager. The provider's head of community integration had provided day to day support during the period when there was no manager, and had supported the new manager during their induction.

People we spoke with were very positive about the quality of the service they received. They found there was an open, responsive culture with good two-way communication. The new manager had been available to people, and had supported care workers during care calls so they could get to know people. People told us there was an "open door policy" and that the new manager "led from the front".

The provider's mission and values were clearly communicated in a "customer charter". Their support model was to "deliver better lives by meeting individual needs". Feedback from people who used the service indicated they were successful in this. The provider's stated values were summarised as "care and respect, kindness and empathy, and support for people to achieve their goals." In achieving this, staff were to be flexible and responsive, and courteous. The customer charter contained an ambition to "strive for excellence" while respecting and supporting people's human rights.

The provider used a system of policies and procedures based on templates purchased from an external supplier and adapted to the service. The new manager had used this as the basis of their management system. There was a clear management structure with senior care workers and coordinators reporting to the manager who also had personnel and administration support. All care staff were expected to have six supervisions, six spot checks, two team meetings and one appraisal each year. Where supervisions and spot checks were delegated to senior staff the manager reviewed all the reports.

There were systems in place to monitor and improve the quality of service. Quality questionnaires were used to obtain the thoughts of staff and people who used the service. The most recent customer satisfaction questionnaire had shown that 92% of people who responded were happy with the service they received. Where people raised concerns or made suggestions, there was feedback to them in the form of a "you said, we did" report.

In addition the provider used an internal quality standards monitoring tool which covered areas including assessments, risk and support planning, security, health and safety, safeguarding, diversity and inclusion, involvement and empowerment, and service delivery. These were based on six monthly quality audits which fed into a service improvement action plan.

The provider's "CQC Action Plan" organised actions according to our key areas, identified the person or department responsible for the action, gave each action a "high, medium, or low" importance rating, and showed when it was completed. There were regular meetings to track progress against the plan.

Actions taken to sustain the quality of service included a roll out of a technology based solution for care planning. Care plans were maintained on a central computer, with any changes immediately visible on care workers' hand held devices. This meant care workers could be sure they were working to the latest care plans and risk assessments. Individual passwords meant people's personal information was protected from inadvertent disclosure. The hand held devices could also be used to register when a care worker arrived at and left a call, with codes for non-attendance and cancelled calls. This meant care workers could be notified if a call was cancelled by the person at short notice, and coordinators could reassign a call that the original care worker was no longer able to attend.

The provider worked in partnership with other agencies to improve people's health and well-being. Care workers supported some people to attend day care centres, which helped to reduce loneliness and social exclusion.