Sky Futures Ltd

Choice Care

Inspection report

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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

Overall summary

The service is registered to provide personal care for people who are elderly, are recovering from illness, have dementia, are physically disabled or are terminally ill. The service is provided in people's homes.

We last inspected this service in September 2013 when the service met all the standards we inspected. This unannounced inspection took place on the 24 March 2015.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Summary of findings

People who used the service had mental capacity. Some staff had been trained in the Mental Capacity Act (2005) and should be aware of when a person needed to have a deprivation of liberty safeguard hearing to protect their rights.

Staff had access to a wide range of training and supervised on a regular basis, including spot checks, to ensure they were performing well. People were assisted by trained staff if they required their medicines to be administered for them.

There was a modern office with all the necessary equipment to provide a functional service for people who used the service and staff. The equipment was suitably maintained and fire precautions were undertaken such as emergency evacuations.

People who used the service helped to develop their plans of care to ensure their wishes were taken into account. Plans of care were updated regularly. The plans contained details of people's preferences and interests to help them retain their individuality.

Risk assessments were conducted to help keep people who used the service and staff safe. This included a comprehensive assessment of people's homes to detect any hazards to safe care.

The registered manager updated policies and procedures and conducted audits to help ensure the service maintained standards.

The registered manager conducted audits to check on how well the service was performing.

The complaints procedure gave people sufficient information of how the service would respond and how to take a concern further if they wished.

Summary of findings

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 safe.

There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate. Staff checked people were taking their medicines to help them remain well.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle. People were assisted to store and prepare food by staff who had been trained in food safety.

Good

Is the service caring?
The service was caring.

People who used the service thought staff were helpful and kind.

We saw that people who used the service had been involved with developing the plans of care. Their wishes and preferences were taken into account. People were supported to remain independent and in their own homes.

We observed a good interaction between staff and people who used the service.

Good

Is the service responsive?
There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There were systems in place to monitor the quality of care and service provision at this care home.

During meetings the service obtained the views of staff. Staff said the managers were supportive.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

Choice 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 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 unannounced inspection took place on the 24 March 2015.

This service supports people who live in their own homes. We looked at the care records for three people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We spoke with three people who used the service, a staff member and the person in charge.

The membership of the team consisted of one inspector.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request a Provider Information Return (PIR) because the provider would not have had time to return the form. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. Their views were used to look at some paperwork and look at the audits for checking staff arrived on time at people's homes.

Good

Is the service safe?

Our findings

Three people we spoke with told us, “I can trust the staff. I feel safe with them especially my regulars. They lock up for me to keep the property secure”, “I feel very safe. I can trust the staff” and “She is very trustworthy. I feel safe and comfortable with my care staff.”

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department’s adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the ‘No Secrets’ document for staff to follow good practice. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

There were sufficient staff employed by the agency to meet people’s needs. There were no concerns raised around unreliability or staff not showing up. This was especially true for what people called their regular staff.

There were administration of medicines policies and procedures for staff to follow good practice. The registered manager said the service mainly prompted people to take their medicines or they were given by a family member. However, all staff had undertaken medicines administration training and people signed an agreement with the agency if staff were to administer medicines. If staff were responsible for prompting or administering medicines this was recorded. The people’s care plans we inspected showed medicines were not administered by staff and therefore we did not see completed medicines records.

We looked at two staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. All the people we spoke with told us staff were reliable and they were comfortable with them going into their homes.

We examined three plans of care during the inspection. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, medicines administration, moving and handling and care. The risk assessments were detailed and clearly told staff the abilities of each person and of any hazards to delivering safe care. We saw that the risk assessments were to keep people safe and not to impose rigid conditions or restrict their activities.

There were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that staff had been trained in infection control. Staff had access to personal protective clothing such as gloves and aprons should they be required.

Equipment in the office had been tested to ensure it was safe. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. The registered provider rented the office and a landlord was responsible for building maintenance. The service had suitable insurance cover for public liability.

Good

Is the service effective?

Our findings

Three people who used the service told us, “The care staff are very reliable. I like my regulars, they come on time”, “The service is reliable. Occasionally they can be late but this is usually at weekends. The two during the week are very good” and “She is very reliable and is always on time. She stays the time she is supposed to”.

People who used the service might receive assistance to maintain a good diet if this was part of their care package. All staff had been trained in food safety techniques and nutrition. Each person’s home had been risk assessed for any dangers, including kitchen equipment. Most people who used the service cooked and cleaned for themselves or had family support. The person in charge told us, “We are not responsible for people’s diets but we will give nutritional advice if we think someone is not eating well. Usually it is the family who do the shopping and staff can only make what is there. We would let the family know or contact social services if somebody had a poor diet. Our staff need refresher training for food safety but this is in hand.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Some staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were policies and procedures regarding the mental capacity act and DoL’s for staff to follow the correct practice. All the people we spoke with had mental capacity. The person in charge said, “I would report any instances where we thought people were being deprived of their liberties to social services as abuse.” The person in charge was aware of how and when to report any deprivation of liberties.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs.

We inspected three plans of care during the inspection. Care plans were developed with people who used the service to ensure their wishes were taken into account and the support they required would then be provided. People had signed their agreement to the plans. Plans of care were reviewed regularly with the person who used the service during managements ‘spot checks’ and they were regularly asked for their views about care and support. People were able to make comments which included, “I am very happy with my current care plan. I am very pleased with my regular care staff. I don’t really like care staff I don’t know because they make me feel uneasy”, “I am happy with my care and support. My regular staff are very good and stay the full time allocated” and “I am happy with the staff and care.” We saw that the plans of care contained sufficient information for staff to deliver effective care.

Although the service were not usually responsible for helping people attend appointments we were told they had contacted people’s GP’s or social workers if people required help. One staff member we spoke with said she would telephone the office to ask for advice if someone was ill.

The service used a telephone system to check that staff attended people’s homes on time. The local authority informed us there had been a concern around efficient time keeping. We saw from staff meeting records that this had been dealt with by the person in charge who had told staff they must use the system correctly for her to monitor it. The people we spoke with said staff were regularly on time.

New staff were given an induction prior to working with vulnerable people. Part of the induction was to familiarise themselves with key policies and procedures such as recording the times they attended to people’s needs. They were given the agency handbook which contained the codes of conduct and a job description. They were then ‘shadowed’ by a senior member of staff and had to complete the full induction based on the principles of the NHS skills for health and social care workers guidelines. We saw the forms had been completed in the staff files. One staff member we spoke with said she was supported until competent to work with people who used the service.

Good

Is the service effective?

We looked at the staff training matrix. Staff had been trained in topics such as moving and handling, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. The matrix informed managers when refresher training was due. The person in charge said she was looking to do more specific training such as for diabetes but was finding it difficult to find anything suitable. Other training staff undertook included the mental capacity act, deprivation of liberties safeguards and end of life care. Most staff had achieved a recognised health and social care qualification. Staff we spoke with felt sufficiently well trained to perform their roles.

Staff received regular supervision and said the managers and team leaders were very supportive and encouraged their career progression. Staff could bring up topics of their own or any training needs to the meetings. Supervision covered all aspects of the service staff were required to be competent with and included spot checks by management to check on staff efficiency and talk over the services with people who used the service.

Good

Is the service caring?

Our findings

Three people who used the service told us, “The care staff are very good. My main carer is very caring and obliging”, “The staff are kind and caring, especially the ones I know well” and “The service is good and the staff are all very nice.” All the people we spoke with and from looking at spot check results and compliment cards staff were highly regarded for the support they gave.

We noted in the plans of care that the agency took down a lot of personal details of each person to treat people as individuals. They also recorded people’s past work history and their likes and dislikes, for example, for one person liked to complete crosswords and puzzles or play the piano. The plans mapped out the exact duties staff had to complete during each shift and had been developed with people who used the service to ensure they received the care they wanted.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working. The registered manager told us some people had their care package reduced because they had become more independent.

We looked at some of the compliments and thank you cards. Comments included, “Thank you for all your care and support”, “Thank you for the care you gave to us”, “Thank you for the good experience and friendship” and “Please send my love and regards to all the care staff. I thank you all. Call round and I will make you a drink.”

Good

Is the service responsive?

Our findings

Two people who used the service told us, “They ask me how my care is going and the managers come to see me to check everything is all right” and “Supervisors do spot checks. They check to make sure we are happy with the service and send out questionnaires to get our views.”

All the people we spoke with said they did not have any current concerns and commented, “I think they would listen to me and my daughter would act for me if I had any concerns” and “I think the staff would listen to me if I have any concerns.” Each person was given a copy of the complaints procedure. This told people who to complain to, how to complain and the response times for any concerns. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission. The procedure also told people how to contact the advocacy service. An advocate is an independent person who will speak for someone and protect their rights.

We saw from staff meeting records that the agency took people’s concerns seriously and management took action to improve the service.

The agency provided each person with their contact numbers. People who used the service told us, “We have the office and emergency numbers to contact if we need to”, “I can get hold of someone if I need to” and “I can phone the office.” People were confident the service would respond to them if they required help.

Staff completed a diary each day to say what they had done on their visits. They reported any changes to people’s care and condition to the office for any changes to be recorded. The staff member we spoke with was aware of the need to report any changes to her manager.

Good

Is the service well-led?

Our findings

Three people who used the service told us, "I can phone the office if I want to talk to a manager. I think they would listen to me if I had any concerns. My daughter will also help me if I have any worries", "We have the office and emergency telephone numbers to contact if we need to. I think the staff and managers would listen to me if I have any concerns" and "I am happy with the service I get."

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were regular staff meetings. We saw from the records of the meeting the service had responded to poor logging of calls. Other topics discussed were around poor working relationships between care staff, the care of individuals the service supported and any topics staff wished to discuss.

The service sent out quality assurance surveys each year. The surveys were due to be sent out for this year and will be available at the next inspection. The results from the last survey were positive but a year old. However, during the spot checks people were asked about the quality of service and they said the service was good and they were happy they used the agency.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon. People who used the service also thought they could approach management to talk over care or support issues.

The service had achieved the 'preferred quality assured' provider status with Blackburn with Darwen local authority. This meant the local authority provided the agency with people to care for and monitored the service.

The registered manager conducted audits which included care plans, medicines records, incidents, checking the times and punctuality of staff visits and all the other documentation held at people's homes. Staff were also regularly assessed for their competency. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including safeguarding, whistle blowing, privacy and dignity, medicines administration, mental health and capacity, end of life care, infection control, food safety and complaints. The policies were updated yearly or amended when necessary.

We asked the person in charge what she thought the service did well. She said, "I think we provide a good quality service with some good care staff. There is a good staff team who will cover for each other." A staff member we spoke with told us she would be happy to use the agency for a member of her family if they needed home care and support.

We asked the person in charge what she thought were the barriers to providing a better service. She said, "I think the lack of funding and an unrealistic expectation with the time limits we are given to deliver care to some people has a negative impact on the service."