

Smart Care Services NW Limited

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Inspection report

Unit 6
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Smart Care Services NW Limited is a domiciliary care agency, providing personal care to people in their own houses or flats. At the time of inspection, the service supported 192 in Warrington and surrounding areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's experience of using the service was overall positive. We found, some improvements were needed with regards to meeting regulatory requirements, however the provider addressed these immediately. Smart Care Services NW Limited is an independent provider and we recognised they had significantly invested into developing their quality assurance systems following our last inspection. This had led to improvements, but some newer aspects of governance still needed to embed and develop to be effective at ensuring consistently high-quality care.

We have made a recommendation about staffing. When we assessed the service, we considered the individual experience of people, relatives and staff and looked at these in proportion to the size of the service. For example, the large majority of people received their care calls on time or mostly on time. Some people felt call times and consistency of staff were not always reliable. However, we also heard this had improved and the registered manager was reviewing all care call routes to provide greater consistency. We made a recommendation regarding effectively supporting people to take their medicines at the right time.

Overall, we heard positive comments from people and relatives about care staff. Although some people noted variation in standards and room for improvement, others praised staff highly, for the way in which they engaged with people and supported their independence. All of the staff we spoke with praised the positive culture of the service, its leadership and the support provided. This was evident in the fact that several staff had left to go to a different provider but chose to return. The service worked in partnership with different professionals to promote people's health and wellbeing. Stakeholder feedback noted continued improvement, with some areas of inconsistencies to address.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 August 2018).

At the last inspection we found the provider was in breach of regulations, as governance systems had not always been effective. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Smart Care Services NW Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection a few days before we visited their offices, to ensure the registered manager would be available for us to speak with. We did this on the morning we started to make phone calls to people using the service, whom we had written to.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection. We wrote to people and relatives to let them know we may be calling to obtain their views about the service.

During the inspection

Over a few days we spoke 10 people who used the service and five relatives on the telephone, to find out about their experience of the care provided. Our site visit of the service offices started on 20 September and finished on 23 September 2019. We spoke with eleven members of staff including the provider, registered manager, care staff, as well as senior and managerial staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including reports and quality checks, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Reliability of call times and staff consistency were being improved. We heard from people and saw on records that the large majority of people received their care on time or mostly on time. We highlighted some people who on occasion received quite late calls to the registered manager.
- Although we heard that calls at times could be late, people confirmed calls were never missed. However, the practice of letting people know if staff were going to be late needed to improve.
- The registered manager was reviewing all care staff routes, to help with timings and ensure people had a more consistent team of staff. A new call monitoring system had been introduced to keep more robust overview over attendance and alert managers to late calls.

We recommend that the service continues to review the effectiveness of their staff planning and deployment, to ensure people receive care at the right time.

- Staff had been recruited using appropriate checks and recruitment was ongoing.

Using medicines safely

- We found that one person received their medicines at intervals that were slightly closer together than the 12 hours noted on their prescription. We asked the service to confirm with the person's doctor that this was acceptable, which they did.
- Instructions to staff when to offer people their 'as required' medicines needed to be clearer. However, staff explained that people were able to tell them when they needed these medicines.

We recommend that the service reviews arrangements around people's time-critical medicines and 'as required' medicines, by referring to best practice guidance and seeking advice from a reputable source and update their practice accordingly.

- People were supported to take their medicines by staff whose competency was regularly assessed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Overall, people had no significant concerns about their care and felt safe with support from staff.
- Staff had no concerns about the service and were aware of safeguarding responsibilities. Staff had confidence in managers to address any concerns they might have.
- We saw examples of the registered manager making appropriate referrals to the local safeguarding authority and carrying out investigations into concerns.

- The provider reflected on learning from incidents and events in their quarterly analysis, which was shared with all staff.

Assessing risk, safety monitoring and management

- The service completed a general risk assessment format for everyone using the service. This was continuously being developed to provide personalised information.
- More person-specific risk management plans had been written in consultation with people and were based on their individual needs.

Preventing and controlling infection

- Personal protective equipment, such as gloves, aprons and masks, was available.
- Staff had received training in infection control. Managers had also invested into a hand hygiene detection lamp, to demonstrate to staff the importance of good, thorough hand hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People had an assessment of needs and risks to health and safety completed. This was in line with social service care plans and hospital discharge plans, of which we saw examples.
- Relatives gave us examples of how staff helped people to meet these assessed needs. One family member said, "Two carers are very good, they managed to get [my relative] up into the walking aid, [my relative] has started to move themselves again."
- The service worked with a variety of health professionals to promote people's health and wellbeing, for example regularly visiting district nurses. Staff alerted social workers if they had concerns over people's health, for example to request a referral to a dietician.
- Staff supported people with basic food preparation. People also told us staff were aware of their special dietary requirements.
- When care staff noticed people were not eating or drinking very well, they monitored this through the completion of charts and informed relevant professionals when necessary.

Staff support: induction, training, skills and experience

- Staff felt well supported and received an induction, as well as regular supervision, spot-checks and training to guide them in their role.
- New staff usually shadowed more experienced members of staff, which also helped to introduce them to people using the service. This at times needed to be done more consistently.
- Staff praised the quality of training, as well as being able to ask for additional learning opportunities they had identified.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff sought people's consent before providing care. Risk assessments reflected on people's capacity to make decisions and consent forms were completed to support this. We discussed with managers the need to complete these appropriately and consistently, as part of record-keeping.
- Social workers had completed mental capacity assessments and considered people's best interests when they could not consent to decisions over their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People's feedback about the service was overall positive and people confirmed staff were kind, caring and treated them with respect. People told us that some of the staff were very good and considered some "variation" was to be expected.
- People and relatives gave us examples of how particularly good staff made a difference to their lives. Their comments included, "Some are more serious, some are in a rush but not very often. Some are really good, and they make [my relative] laugh", as well as "I have no problems whatsoever, all the [staff] who come are very good. We got off to a fine art, we work as a team, [staff name] has been allocated to me, they are very good. We are friends."
- We heard examples and positive praise for staff who with kindness and patience helped people to feel better about themselves and increased their self-esteem, for example by supporting them to have their first bath, shower or shave after a long time.
- Staff spoke warmly about people, showing they knew people well and cared about them. Staff gave us examples of developing positive relationships with people they supported, as well as their families. One staff member told us, "It is lovely when people say, '[my relative] is a different person because of [care staff name].'"

Supporting people to express their views and be involved in making decisions about their care

- We read a relative's compliment that praised the good quality care the service provided. They wrote, "Their knowledge and working practice is excellent. They value the importance of good communication, compassion, patience and kindness, they demonstrate good listening skills."
- Care plans showed examples that people had been asked for their views and consent. This included risk management plans that noted respect for people's own decisions and support to their independence and risk-taking.
- We saw examples of the service responding to people's wishes and choices by making relevant changes. The service had changed the way in which it listened to people, by carrying out more regular phone calls to people, instead of sending out questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People gave us positive examples of how staff respected their independence. One person said, "They understand I am not reliant on them and I get just the support I need."
- Staff gave us a very positive example of support by describing, "One person came out of hospital, they told us they would not walk again or even sit up. We worked with their relative [and professionals], showed them

pictures, went through memories. Now [the person] is sitting up again and smiling and laughing with us."

- People's confidential records were stored securely, including on password protected electronic devices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had been developed to become more person-centred and provided a summary of people's requirements, background and life story, as well as detailed daily routines.
- Care plans described people's abilities to maintain their independence as much as possible, while also describing how people wished to achieve identified support needs.
- Positive feedback from people and relatives showed staff's person-centred knowledge was at times more detailed than what was evident in care files. We considered with managers how care plans could be reviewed to share this knowledge with all readers, such as new staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We received mixed feedback about support to people to ensure effective communication. However, we also heard very positive examples of staff communicating effectively to each other what worked well for people in this respect.
- Removing identified barriers to communication was an area of particular focus for the newly appointed field care manager. We discussed how information could be made available for people in different ways, to make it easier to read and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the important part their visits played in reducing people's social isolation.
- We received positive feedback from relatives about staff wishing to learn about people's backgrounds and life histories and using these to engage with them.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint.
- The registered manager recorded complaints and investigated them. We saw examples of the service responding, such as by changing visit times in response to people's needs

End of life care and support

- We discussed examples of how staff worked with professionals to support people at or nearing the end of

their life and the service collaborated with a local hospice.

- 'End of life' training was provided to staff and people's care plans included basic advanced decisions, such as about resuscitation or whether to receive care at home or in a hospital.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant that some aspects of service management and leadership were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had displayed ratings from our last inspection in their offices as required. Managers explained they had communicated these to people using the service. However, ratings had not been displayed on the provider's website. The provider addressed this immediately.
- A registered manager was in post. They had notified the Care Quality Commission about most events as required, but we clarified the need for other statutory notifications to be sent. We were satisfied that the registered manager had investigated these events appropriately.
- Consistency regarding some person-centred information in care plans needed to improve to ensure robust record-keeping. We found this had not had a significant impact on the care people received.
- Quality assurance systems and call monitoring had identified issues and led to improvements effectively. However, we highlighted a few issues regarding late calls that still needed to be rectified.
- Communication with people to let them know when staff were running late for their calls needed to improve. Not everyone we spoke with knew who the manager was.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

At the last inspection we found the provider was in breach of regulations regarding good governance. This was as there had not been effective quality monitoring systems to improve people's care. At this inspection, the provider had made improvements and was no longer in breach of regulation.

- The provider had introduced quality calls to people and relatives instead of surveys, to check how the service was doing. This had been extended from an annual check to ongoing calls made over two days every week. This led to immediate actions and a quarterly summary.
- The provider had employed a new quality team of senior staff, to continuously improve people's care. The provider explained they had made the decision to accept fewer care packages while their new processes and structures were settling in.
- A variety of other quality checks and audits were in place, including regular spot-checks of staff performance.
- An improvement plan by the local authority showed that the service had made progress, and this was reflected in people's positive comments. However, some inconsistencies in care needed to be addressed by

the new quality processes, which were yet to embed.

- Regular meetings took place for staff. A newsletter for staff had been introduced and the provider shared their quarterly audits with the team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff received training to recognise people's diversity and support their equality. Assessments offered the opportunity to explore people's diverse needs. The provider explained this was an area for further development.
- All of the staff we spoke with praised the leadership and culture of the service. One staff member said, "Everyone is so supportive. They let me get on with it but are also always on the end of the phone when I need them."
- Staff described the positive atmosphere good morale of the service. Several staff who had left to work for a different provider have returned to Smart Care. Staff were recognised and rewarded for their achievements through an employee of the month scheme.