

Short Notice Care Services Limited

Short Notice Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

About the service: Short Notice Care Services is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 59 people with personal care in their own homes at the time of our inspection

People's experience of using this service:

Records relating to medication administration required improvement. Staff required further guidance on how to administer 'as and when' required medication such as prescribed creams. The way in which the manager assessed people's competency to administer required further development.

We spoke with the manager about the improvements that needed to be made to medication management. They told us they would address this without delay. Shortly after our inspection we received confirmation of the improvements the manager had started to introduce. At our next inspection we will check these improvements have been sustained.

The majority of people's need and risks were properly assessed with sufficient guidance for staff to follow in the provision of safe and appropriate care. Information on people's needs and skin integrity required improvement. The manager told us they would address this without delay.

Staff had person centred information on people's preferences and choices with regards to their support and the support provided was personalised to them and their individual requirements.

People told us the support provided was good and that they felt safe with staff. They said staff members were kind, caring and respectful.

People's daily records showed that people received the support they needed in accordance with their care plan.

People and their relatives confirmed that staff turned up on time and provided the support they needed in accordance with the people's needs and wishes.

Records showed and people told us that where their needs or choices changed, the management team tried their best to accommodate these changes.

From the records we viewed and the feedback we received it was obvious that people's care was planned and well organised.

Everyone we spoke with was happy with the care they received. No-one we spoke with had any complaints about the service. Records showed that any complaints that had been received were minor and had been responded to in a timely and appropriate way.

People's visits records showed that people's visits were rarely missed. Visits were made on time and staff told us that they had sufficient time to provide people with the support they needed. This indicated that staffing levels were sufficient to ensure people received the support they needed.

Staff were recruited appropriately with the required pre-employment checks undertaken prior to employment to ensure staff members were safe and suitable to work with vulnerable people.

Staff were sufficiently trained to do their job supported by the management team. Staff morale was good. Staff told us they felt supported and that the management team were approachable and open. Staff felt they provided a good service to people. The people and relatives we spoke with agreed with this.

The systems and processes in place to monitor the quality and safety of the service were adequate and appropriate for the size of the service. The management team demonstrated a good knowledge of their regulatory responsibilities with regards to people's care and managed the service well.

Rating at last inspection and why we inspected: This was a scheduled inspection. At the last inspection the service was good. At this inspection, the service was rated good again.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe

Details are in our Safe findings below.

Requires Improvement 

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 well-led

Details are in our Well-Led findings below. ☐

Good 

Short Notice Care Services

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was undertaken by one adult social care inspector.

Service and service type: Short Notice Care Services is a domiciliary care agency. A domiciliary care agency provides support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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: This inspection was announced 2 hours before the inspection took place. This was because the service was small and we needed to be sure that the manager was available in the office to assist with the inspection.

What we did:

We reviewed information we had received about the service since the service was registered. We looked at the information we require providers to send to us at least once annually. This information provides us with background information about the service, what it does well and the improvements the provider plans to make. We also contacted the NHS Community Care Team for their feedback on the service. We used all this information to plan our inspection.

During the inspection we spoke with eight people who used the service and three relatives. We spoke with the registered manager and two care staff. We reviewed three people's care records and a sample of medication records. We viewed three staff recruitment files and other records relating to the support of staff. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

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

Some aspects of service delivery were not always safe and required improvement. Legal regulations were met.

Assessing risk, safety monitoring and management; Using medicines safely

- Record keeping with regards to medication administration required improvement. Medication charts just stated morning, lunch and tea etc. The actual time that people's medicines were administered was not recorded. Records showed that people's regular medications had been given as prescribed.
- We found that staff needed more guidance on how and when to administer these 'as and when' required medications such as prescribed creams and painkillers.
- There were gaps in some people's medication administration charts for prescribed creams and other 'as and when' required medicines such as painkillers. There was no evidence to indicate that this medication had been offered and refused during these visits. This suggested that staff were not always sure when to administer these medicines.
- We spoke with the manager about these issues and they told us they would be addressed without delay
- The majority of people's needs and risks were assessed and managed. For example, people's risks with regards to mobility, moving and handling, falls, nutrition, personal hygiene, skin and cognition had all been considered in the planning of their care.
- One person lived with a medical condition. Staff lacked clear and sufficient guidance about this medical condition and the action to be taken in response to signs of ill-health. The manager acknowledged this and told us they would address this without delay.
- We saw that staff monitored this person's well-being with regards to this condition on each visit but the person's daily records indicated that the action taken by staff in response to signs of ill-health were inconsistent.
- We spoke with the manager about this. They told us they were confident this was just a recording issue as staff consistently rang the office to report any concerns on a regular basis.
- We rang the person's relative to discuss the action taken by staff when the person showed signs of ill-health. They confirmed that staff responded consistently and appropriately. They said "The support is very good". They also told us a district nurse visited the person each day and checked that the person was okay.
- The day after the inspection, the manager contacted CQC to advise that a more detailed care plan for this medical condition was in progress. They had contacted the person's social worker for a review of their care and were in the process of organising specialist training for staff with regards to this medical condition.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the staff who supported them. One person said "I am well satisfied with the agency and feel safe with the staff. I would recommend this service".
- Another person told us "After I had been in hospital they came to help me as I live on my own. I felt safe with them and they would lock the doors when they were leaving and make sure all was well".

- Staff received safeguarding training. Staff spoken with knew what action to take to protect people from harm
- The provider had a safeguarding policy in place and a system to receive, investigate and respond to any incidents reported. At the time of our inspection, no safeguarding incidents had been reported.

Learning lessons when things go wrong

- No accident and incidents had occurred at the service during the delivery of personal care in respect of people using the service.
- Any complaints received were thoroughly investigated and responded to appropriately. Where improvements were required we saw that they were discussed at one to one supervision meetings with staff and team meeting to ensure lessons were learned.
- Regular spot checks on the ability of staff to provide people with the support they needed were undertaken to ensure that any staff training or development needs were picked up and addressed.

Staffing and recruitment

- We saw that pre-employment checks were carried out prior to employment to ensure staff members were safe and suitable to work with vulnerable people.
- For example, previous employer references were sought, a criminal conviction check undertaken and proof of identify obtained before a staff member commenced in employment.
- Staff members were subject to a probationary period to ensure they had the skills and attitude to provide good care before they were confirmed in employment.
- People's daily records showed that staff members turned up to people's home on time, stayed the length of time the visit required and provided the support identified in people's care plans. This indicated that sufficient staff were on duty to meet people's needs.

Preventing and controlling infection

- Staff had completed training in infection control and what to do to prevent the spread of infection.
- People's care plans detailed what personal and protective equipment (PPE) staff should use when providing support. For example, disposable gloves and aprons.
- Regular spot checks on the support provided by staff were undertaken. These checks reviewed the use of PPE by staff to ensure staff it was being used appropriately to prevent the spread of infection.
- Some people's visits included support to keep their home clean after staff had prepared the person's meals or supported them with personal hygiene. Records showed that staff consistently undertook these duties.

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

People's outcomes were consistently good, and people's feedback 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- At the time of our inspection, there was no-one using the service that required the MCA legislation to be applied.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's choices with regards to the support they received were well documented within their care plan.
- People and their relatives told us they had been involved in discussing their care and developing their care plan. One person told us "A care plan was put together for me coming home". A relative said "I am fully involved with any changes in his care plan".
- When asked staff knew what these choices and preferences were and gave us examples of how they promoted people's choice with regards to their care.
 - It was obvious staff knew the people they were caring for well and spoke about them with genuine affection.
- Regular telephone calls were made to people and their relatives using the service to ensure that people's needs and choices were met and that they were happy with the support provided.
- Spot checks on the quality and safety of the support provided were also undertaken to ensure that support was provided to a good standard and in accordance with best practice.

Staff support: induction, training, skills and experience

- Staff received training to do their job well and people we spoke with confirmed this. One person said "I feel that staff are well trained and the manager do well". Another person told us "I think they are well trained and are very good".
- We saw that each staff member's competency with regards to the administration of medications and

moving and handling techniques was assessed every six months to ensure staff practice was safe. This was good practice.

- Staff had regular supervision with their line manager and ongoing appraisal of their skills and abilities through spot checks and performance reviews.
- When staff were asked if they felt supported in their job by the manager, everyone said they did. One staff member said "Absolutely".
- One staff member told us that they had been supported to obtain additional training and qualifications in management and leadership when they obtained a supervisory role with the provider. This showed that the provider was proactive in supporting staff development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were considered in the planning of their support and some people received support from staff to prepare meals, snacks and drinks.
- Where people required this support, their daily logs recorded what meals and drinks has been provided to the person in support of their nutritional health.

Adapting service, design, decoration to meet people's needs

- The service was designed to be delivered in people's own homes to accommodate their needs and wishes.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with social services teams and other health professionals such as district nurses, GP's, diabetic nurses and social work teams.
- People's general well-being was monitored by staff on each visit and recorded in their daily records.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The people and relatives we spoke with told us that the staff team were kind, caring and respectful.
- People's comments included "They treated me kindly and also treated me with respect"; "They treat [name of person] well and interact with them well, so show kindness"; "They are all very nice" and "They are lovely and such a big help".
- People told us that the support they received was done in accordance with their preferences and that staff tried hard to make people feel relaxed and comfortable when support was provided.
- One person said "I have had this company now for three years and they are very good. I don't have good balance so they help me get washed and dressed. I was very shy to start with but they soon made me feel comfortable. They are very social and talk to me and are kind. They help with lots of jobs".

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

- People satisfaction with the service was sought regularly through telephone and face to face discussions about the support they received. People's feedback was positive. It was clear that the staff and service were well thought off.
- One person told us "They contacted me to make sure the service was going well".

Respecting and promoting people's privacy, dignity and independence

- People's care files contained clear information on what they needed help with and what they could do independently.
- Staff had information on what support the person received from their family or other relatives, so that the care between staff and family members could be co-ordinated. This showed that the service cared that people's needs were met in the way they preferred.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's visits took place on time, for the duration of support required and for the majority of visits the staff who supported people were the same staff members. This ensured that good relationships were built between people using the service and the people who cared for them.
- People and their relatives told us that the majority of visits were completed on time and that they received the support they needed.
- One person said "They have always stayed until all tasks have been completed and if I had any new (tasks), they would listen to what I said and carry out the tasks that I wanted them to complete".
- Another person told us "I have a care plan that meets my needs and they are very responsive and listen to what I say and carry out jobs that I ask them to do. They are very helpful and willing".
- A third person told us "There have never been any missed calls so far and they are on time. I have the same carers".
- People and their relatives told us that if they needed changes to the support they required, these changes were quickly accommodated by the service whenever possible. For example, one person's relative said "They respond quickly to changing needs and as I am an assertive person I will contact them for any little problem that may occur and it is rectified very quickly".
- Daily records relating to the support each person received were maintained at each visit. Records showed that people's choices were respected and that staff provided people with the support they needed.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for receiving and responding to complaints about the service.
- People and their relatives had been given a copy of the complaints procedure and said they would ring the office if they had any complaints. No-one we spoke with had any complaints.
- People's comments included "If I had any complaints or needed to discuss the service, I would ring the office but I am very happy with the service as the girls are all very kind and treat me well" and "I have no complaints".

End of life care and support

- At the time of our visit, the service did not support people who required end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a range of governance systems in place to monitor the service and the standard of support provided. This ensured that risks to people's health, safety, welfare were mitigated against.
- An audit of people's daily records took place each month to check that people were in receipt of the support they needed and that people's records were properly maintained. Where improvements were identified, there was evidenced that they had been acted upon.
- The competency of staff was assessed regularly via spot checks and observed practice. This enabled the manager to identify any training and development needs that a staff member may require
- Other governance systems monitored the number of accident and incidents; safeguarding and complaints received by the service. The manager reviewed this information on a monthly basis to ensure they were fully aware of any issues that may impact on the quality and safety of the service.
- People's views and opinions on the support they received were sought via telephone interviews and face to face reviews of their care. People's feedback on the support they received was positive.
- We saw that a person's relative had written into the service to pay them a compliment on the care their relative had received. They said "No-one could have asked for a better group of carers who worked together in such an excellent manner as [name of relative] needs changed. I am finding it difficult to express how good your carers have been".
- Regular supervision and team meetings ensured staff members were clear about their job role and its responsibilities.
- It was clear from what people and staff told us and the records we reviewed during our inspection that the management team were fully aware of the health and social care regulations and their regulatory responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's care records were clear and person centred. Records showed that the support provided was personalised and well-managed.
- The manager understood their duty of candour responsibility and was open and transparent. From our discussions it was evident that they were proactive in and passionate about developing the service and ensuring it met people's requirements.

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

- The provider worked closely with a range of health and social care agencies to ensure people's equality needs were met.
- The manager had developed positive links in the community. For example with Shropshire Partnership in Care (SPIC) and was member of the Whitchurch 'Making Dementia Friendly' Committee to improve dementia awareness in the locality.
- The manager and the service worked in partnership with other local venues to provide people with the opportunity to participate in social activities.
- For example, the service had organised a Christmas Party at a local venue for people using the service, their relatives and community members to attend.
- Staff had completed a memory walk to raise funds for and awareness of Alzheimer's Society. With staff support ten people using the service and their families had also participated in the memory walk.
- Staff also held a MacMillan coffee morning in 2017 which people using the service, their family and the local community attended to raise money for cancer.