S.C.S. Hotline Limited

The Princes Lodge

Inspection report

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11 August 2016
12 August 2016

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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

We undertook an announced inspection of The Princes Lodge on 10, 11 and 12 August 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The Princes Lodge is a domiciliary care agency that provides personal care to around 350 people in their own homes.

We previously inspected The Princes Lodge on 4 October 2013 and the provider had met all the regulations that were inspected.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents.

The provider had an effective recruitment process in place but some references did not provide appropriate information on the applicant, however, this was being reviewed by the registered manager.

There was a policy and procedure in place for the administration of medicines.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care. Care plans identified the person's cultural and religious needs.

Detailed assessments of the person's needs were carried out before the person started to receive care in their own home. Each person had a care plan in place which described their support needs. Care workers completed a record of the care and support provided during each visit.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

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. The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had systems in place for the recording and investigation of incidents and accidents.

People using the service said they felt safe when they received support in their own home.

The provider had a recruitment in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Good

The service was responsive. An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

Is the service well-led?

Good

The service was well-led. The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by their managers.

The Princes Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10, 11 and 12 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

One inspector undertook the inspection and an expert-by-experience carried out telephone interviews of people who used the service and relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who has used this type of care service. The expert-by-experience at this inspection had personal experience of caring for people who had dementia.

Before the inspection we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with the registered manager, deputy manager, compliance manager, occupational therapist and human resources manager. We also spoke with three care workers. We reviewed the care records for ten people using the service, the employment folders for eight care workers, a spread sheet containing the training and supervision records for 162 care workers and records relating to the management of the service. We also undertook phone calls with seven people who used the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe when they received support in their own home. They told us "I certainly haven't come across anything in the line of abuse. They just come in and do what they feel they have to do. There's not enough time to do anything", "A couple of them (care workers) press down too hard on my legs and I need to keep asking them" and "Yes of course I do." Other comments included "Yes I feel very safe indeed", "I feel perfectly safe" and "Yes they are all lovely. There is one that is quite abrupt all the rest are fine."

We saw the service had policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. During the inspection we saw six records for safeguarding concerns which were detailed, included records of the investigation and contained copies of correspondence. The provider also had a whistle blowing policy in place. Care workers we spoke with demonstrated a good understanding of safeguarding and how to report any concerns relating to the care provided.

We saw that risk assessments were in place. We looked at the care folders for ten people and saw a risk assessment was completed as part of the initial assessment process. A moving and handling assessment was completed for each person to identify any issues in relation to mobility. The risk assessment for each person identified if they had any specific health issues which may impact the care they receive. The registered manager explained a new format risk assessment had been completed for more than 200 people currently using the service. The new risk assessment form included sections related to behaviour, medication, the home environment and meal preparation. If a specific issue was identified an individual risk assessment form was completed. The specific risk and what action could be taken to reduce any associated risk were identified with the level of impact on the person. The risk assessments were reviewed annually or sooner if a change in support needs was identified.

The service followed suitable recruitment practices but we saw some references did not provide appropriate (or enough) information regarding the suitability of the person for the care worker role. The registered manager told us that as part of the recruitment process applicants were asked to provide the details of two references and to provide details of their employment history. Following the interview applicants completed a shadow carer shift where they observed an experienced care worker to gain an understanding of the role. The registered manager explained the applicants did not observe personal care being provided and they had the consent of the person receiving support. The experienced care worker provided feedback on the applicant which was used as part of the assessment of their suitability for the role. During the inspection we saw that references had been requested for one person from family members as they did not have any previous employers. We also saw a reference had been requested for another person from an employer they had worked for over ten years previously. This meant that the references that had been obtained did not provide appropriate information on the person's suitability for the role. We discussed this with the registered manager and they confirmed they would review options for obtaining appropriate references to support applicants with a limited employment history.

A Disclosure and Barring Service (DBS) check to see if the new care worker had a criminal record was carried

out following the interview. The registered manager confirmed that if a DBS check was delayed the new care worker would be allocated to visits where two care workers would be required and they would not be permitted to work alone until a DBS was received. We saw DBS checks had been requested for all the care workers and records showed which checks had been delayed.

We looked at how accidents and incidents were managed in the service. The registered manager explained when an incident or accident occurred the care worker would contact the office as soon as possible to get advice on what action to take. They also recorded the information in the daily record of care. A record form would be completed with details of the incident and accident, what action was taken at the time and any subsequent outcomes from the event such as changes to the care plan. This was reviewed by the registered manager.

The number of care workers required to attend each visit was identified from the information provided in the local authority referral document and during the assessment carried out before the care package started. The registered manager explained that they also allocated care workers based on their skills, experience and if they already had visits in the area to reduce travel time.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. Records indicated that all care workers had completed training in the administration of medicines. The registered manager told us the format used for the Medicine Administration Record (MAR) charts had been changed in July 2016 to enable the care workers to record the time medicines were administered. This was important in relation to medicines that had to be administered at a specific time. The MAR charts had a section on the back for care workers to record any relevant information, for example if the person refused or was unable to take their medicines and the reason. The medicines prescribed for each person were recorded in their care folder. During the inspection we looked at the MAR charts for four people and saw the forms were completed clearly and showed that medicines were administered as prescribed.

Good

Is the service effective?

Our findings

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard.

The registered manager explained that new care workers completed five days of induction which included the training identified as mandatory by the provider. New care workers also completed the Care Certificate during their induction and probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. New care workers also completed shifts shadowing and being observed by an experienced care worker who was allocated as their mentor and these would continue until the both the care worker and the provider felt they were competent providing appropriate and safe care.

We asked care workers what they thought about the training they had received from the provider. They told us "The training is good and definitely helps with the job" and "When you do a refresher course you realise how much you have forgotten or has changed. It is very valuable." The registered manager explained all care workers completed a one week training course every two years. The training included sessions on safeguarding, infection control, fire safety, basic first aid and moving and handling. We saw records which indicated that all care workers had either completed their refresher training or were scheduled to do it. Care workers we spoke with also confirmed they had completed their training.

Care workers said they had regular supervision with their manager and completed annual appraisals. The registered manager told us, in addition to supervision meetings with their line manager, spot checks were carried out to observe the care worker while they were providing care as well as asking people receiving care their views on the care workers that visited them. We saw records which confirmed care workers had regular observations of their work carried out as well as supervision and an annual appraisal.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager confirmed that people using the service were assessed to ensure they had capacity to make decisions about their care and treatment. As part of the new design of the care plans there was a section relating to the person's mental health and wellbeing. This had been developed to identify if the person could make decisions and understand their impact. If a person was identified as having difficulties in making decisions related to their care a referral would be made to the local authority so an assessment

could be carried out. Care workers we spoke with confirmed they understood the Mental Capacity Act and the importance of supporting people to make choices.

We saw care plans indicated if the person required support from the care worker to prepare and/or eat their food. Some of the care plans indicated the person's food preferences and if the person's family provided pre-prepared meals for the care worker to prepare.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The care plans we looked at provided the contact details for the person's General Practitioner (GP). The provider employed an occupational therapist who carried out moving and handling assessments as well as identifying if a person required specialist equipment. The occupational therapist would arrange requests for equipment with the local authority and liaise with the NHS if required. This meant that assessments were completed and equipment could be in place more quickly.

Good

Is the service caring?

Our findings

We asked people if they were happy with the care and support they received from the service. We received mixed comments which included "Very happy with the service I receive if I wasn't I would change services", "When I asked for other things I thought was part of it [the care plan] they said they can't do it. Like when I asked them to do cooking they said they can't do it in case they burn the house down. I think they just don't have enough time", " I am happy all of the girls that come morning and night are very nice and caring", "Very pleasant very nice no complaints" and "Yes the morning is great and the same ones but at night it is always different."

Other people we spoke with told us about occasions when they were not happy with the support provided by care workers which they had raised with the provider and had been resolved. One person said "My regular carer is really really good and she takes care of me shows me pictures of her family which cheers me up. She is just good all round" but they were not happy with the care workers providing cover when the regular care worker was off. We discussed this with the provider and they confirmed they would look into this.

People using the service were asked if they felt the care workers supported them in maintaining their independence. People confirmed that they felt they were supported to maintain their independence when receiving care. The care plans we looked at indicated when the person could complete an activity independently and when a care worker needed to provide additional support. We asked care workers how they supported people they visited to maintain their independence. They commented "It is all about not going in and taking over. We are a guest in the person's home and we are not there to do everything. We don't make decisions and do everything for the person; we give suggestions and assist when the person needs it" and "Make sure people can express themselves and do as much as they can but support them when they need supporting."

We asked people if they felt the care workers were treating them with dignity and respect and they told us "Yes they do. It all depends on what people are used. It is difficult to generalise as you see different people at different times. Some of them may have considered me a nuisance as I asked for washing and they said they didn't have time" and " Yes of course they do." Other comments included "Oh yes very much indeed. Nothing is too much trouble for them" and "Yes, they are very nice indeed." We asked care workers how they helped maintain a person's privacy and dignity when providing care. Care workers told us "If we have a new care worker observing we always ask permission as we don't want the person to feel like a guinea pig for care training" and "When I am providing personal care I always make sure I limit the amount of time the person is naked and make sure they are covered when not washing."

People told us they felt care workers were kind and caring with they received support. Their comments included "Some of them are very good, on the whole they are. I haven't come across anyone that has been deliberately unkind. They are quite satisfactory in that regards", "Yes very nice not rude and they help when they can" and "All of them are kind and caring. They do ask how I am and how I'm feeling. They always make sure I'm holding the bars when going upstairs and they stay behind me."

We asked people if they had the same care worker or if they regularly changed. People said "[Main carer] I have had for over a year, it may be closer to two years. She's very good she's kind and like a proper mum. When I talk to other people that she goes around to they all think the same thing about her", "Yes as long as they are on, if they are on holiday someone else will come. But yes basically it is the same" and "Same one most days. But they can't work every day so I will get another one or two on the days she can't come. But it is the same ones each week."

Care plans identified the person's cultural and religious needs as well as the name they preferred the care workers to call them by. We saw care workers were provided with information about the personal history for some of the people they were supporting were the information was available.

Good

Is the service responsive?

Our findings

We asked people if they were involved in decisions regarding their care and support needs and we received mixed comments which we discussed with the registered manager during the inspection. These included "Not exactly no, I was in hospital I didn't know about the care situation. My daughters took care of it. Things aren't perfect but are quite satisfactory" and " No, I've said to them three times now that on the Friday [Carer] will go and pick up her rota but no one has told us who will coming around when she is off. It would be nice to know who is coming around. Other comments included "Yes, I just decided what I need. I pay for it myself", "Yes I am I know what is going on" and "I suppose I am."

People's needs were assessed prior to them using the service. The provider would receive a referral from the local authority describing the care to be provided and the number of visits per day required. The referral was reviewed to ensure the service could provide the type and level of care required. The registered manager explained the person referred to the service would then be visited to confirm the information in the referral and produce a care plan.

People's care plans were often written in a way that identified each person's wishes as to how they wanted their care and support to be provided. Some of the ten care plans we looked at did not always clearly describe the person's wishes in relation to their care but their support needs were identified. The registered manager showed us the new format for the care plans which was in the process of being introduced across all the care records. The provider had replaced the existing care plans with the new format for more than 200 people. The information was transferred to the new care plan format when the person's needs were reviewed annually. The new care plan included sections identifying each area of care the person requires assistance with, the agreed care support tasks and how the person wanted these provided. The care plans we looked at were up to date.

Care workers completed a daily record of the support and care they provided for each person using the service. The records included what care had been provided during each visit including if the person had refused care, if the person ate and any other tasks completed. We looked at the daily records of care for five people and saw they were up to date and clearly written.

The provider had a complaints policy and procedure in place. We asked people if they knew how to raise a complaint with the provider and if they had ever made a complaint. We received varied comments which included "Yes, today and one other time. I have never received a letter but this time I have asked for it", "Yes I do know. It is all in the book. Once there was a care worker that hadn't turned up and they were so involved in making sure that didn't happen again" and "Never thought about it but I have their telephone number and the address. No, never complained never had no cause to." Another comment was "Yes I will just phone the number and tell them. I don't know who I talk to. I was told not to phone up after 7 at night. I got a letter."

The registered manager told us complaints could be received via the local authority or direct from the person using the service. They explained that whenever possible they would try to resolve concerns

informally by discussing any issues with the person directly. The information relating to the complaint was recorded with any notes from investigations and correspondence. Once a complaint was resolved the provider would carry out additional quality visits and telephone calls to ensure the person was happy with the care provided. During the inspection we looked at the records for complaints and saw these were detailed and included if the complaint was resolved. Information on how to make a complaint was included in the pack provided when people started using the service.

We asked people if the care workers arrived at the agreed time and if they were going to be late were they contacted. We received both positive and negative comments and people told us "Yes but of course they have times when they say so and so fell and we got held up. Most of the time someone calls me", "[Main carer] does but like on Sunday when she is off instead of being here at 12-12:30 which is good for me, they can be here at 9 am which is when it suits them. If I have a bad night I will not be up at that time" and "There is no set time if she comes before it dark I am happy. They have contacted me on occasion but it not something I would expect." Other comments included "Yes approximately it all depends on how busy they have been. No they just turn up I am here all the time so it doesn't bother me when they turn up" and "The evening one can be late and if I requested it later they have will come in later. Most of the time I have a phone call." During the inspection we discussed the comments with the registered manager.

We also asked people if the care workers stayed for the agreed length of time and we were told "I don't watch the clock they come do a few things and I have something to eat and then they say we are going now. It's just a routine", "Yes. It's a phone in and phone out system so I get charged per minutes. It's meant to be 15 minutes sometimes it can be 10 minutes others times it can be 20-25 minutes if things are not going well", " In the evening I like a 15 minutes call to get me into bed. In the morning it is longer and they do everything" and "Yes they do. Sometimes if they are done early we can have a little chat it is really nice."

The registered manager explained that the majority of care workers used a telephone based system to record the time they arrived and departed a person's home. Other care workers completed time sheets to record their visit times. The staff based in the office reviewed a list of the calls to be completed by each care worker assigned to them each day. As each care worker called in to confirm their arrival the visit was marked as attended. If no call was received the care worker was contacted to find out if they have attended the call or why they were running late. The person scheduled to be visited should then be contacted if the care worker was going to arriving late.
People were able to provide feedback on the quality of the service they received. We saw a questionnaire was sent to people using the service to get their feedback on the care they received from April 2015 to March 2016. The questions included if the service was meeting the person's care and cultural needs, if the care workers were reliable and punctual, if they were aware of the complaints process and if the person felt safe with the care worker. The provider had received 150 completed questionnaires and the majority of responses were either 'satisfied' or 'very satisfied' with the service. In addition people were contacted two weeks after they started to receive care to get feedback on the service.

Good

Is the service well-led?

Our findings

We asked the people using the service we spoke with if they felt the service was well-led. They commented "Yes basically on the whole as good as you can on a service like this", "Very well run indeed"," I think so, I am happy with it" and " Not always, it is in the morning and not at night."

We asked care workers if they felt they were supported by their manager and if the service was well-led. They told us "I feel really supported and I can go to discuss any concerns and I have a really good relationship with senior staff", "If you have an issue and are up front and honest the manager is there to help you" and "We are treated with respect by management." Other comments included "If you have any concerns you can contact the field supervisor", "The manager has really pushed me to do more and supported and encouraged me to improve", "There is really good team work and the service is well-led" and "It is really happy here and back up is very good and supportive."

The provider had effective quality monitoring systems in place to identify issues and a range of audits were regularly carried out. A monthly overview was carried out which reviewed the information from a wide range of audits. This included the number and type of complaints received, level of safeguarding concerns identified and incident and accidents. Other information included the number of new care packages accepted and how many care plans that had been updated that month. The overview of audits also included information in relation to care workers such as the number of supervisions carried out, what training was completed and how many care workers had left and joined the service.

Supervisors regularly carried out spot checks on the quality of care provided by care workers. They would carry out an observation during a visit to ensure the care worker was complying with procedures and best practice. They would also ask the person receiving care for their view on the quality of care provided. We saw copies of these checks which were detailed and included any issues identified and the actions taken. The number of spot checks carried out each month was also monitored.

A document checklist was completed for each person and was checked monthly by the supervisors during their visit to the person's home. The checklist included if the care plan was up to date, the record of daily care had been recorded clearly and if the Medicine Administration Record (MAR) charts had been completed accurately without any gaps.

Quarterly quality reviews were also carried out by supervisors who visited each person receiving care and observed how support was provided. Any issues identified were recorded on the computerised record and action was taken to ensure they were resolved.

Two weeks after the start of care being provided the service contacted the person to check they were receiving care which they felt met their needs and the care workers were acting in an appropriate manner. These reviews were recorded and we saw if any issues were identified, such as amending the care plan, these were completed and recorded.

This meant that the audits in place provided the service with a range of information to monitor the quality of the care provided in people's homes.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People using the service were given a booklet which included information on the philosophy, aims and objectives of the organisation, how care was provided and the contact details of the provider. Care workers also received a handbook and code of practice document which included a summary of the main policies and procedures, for example a code of conduct, policies, emergency procedures and how care should be provided. Therefore, both people using the service and care workers were given information in relation to how the service provided care.