

Skillcare Limited

Skillcare Limited

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 ●

Summary of findings

Overall summary

About the service: Skillcare Limited is a domiciliary care agency who provide personal care to people living in their own homes. It provides a service to adults some of whom have physical disabilities and are living with dementia. On the day of the inspection, Skillcare Limited was supporting 28 people with personal care.

People's experience of using this service:

All the people we spoke with who used the service told us they were happy with the care they received and would recommend the service to others. People received person centred care which met their needs. People told us staff were caring and considerate.

The service had improved significantly from previous inspections. The provider had embedded improved quality monitoring processes which resulted in better outcomes for people.

Processes were in place to ensure people received their medicines safely and as prescribed.

There were enough staff available to meet people's care needs. Most people told us that staff were on time, not rushed and stayed the allocated visit time.

Staff were suitably trained, skilled and experienced and had undergone the required recruitment checks.

People told us they were asked for their consent and felt they had the independence they wished for.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received.

Rating at last inspection: Requires Improvement. The last inspection report was published on 6 June 2018.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Skillcare 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. 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:

One inspector and an Expert by Experience carried out the inspection. The Expert by Experience made telephone calls to people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Skillcare Ltd is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission who was also the company director. This means that they 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 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 24 April 2019. We visited the office location on that date to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at

least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the registered manager, care co-ordinator, administrator, field care supervisor and two care staff. We received feedback from six people who used the service and eight relatives.

We reviewed a range records which included four people's care files, four staff files, staff rotas, complaints records and quality assurance documents.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. A person told us, "I can get dizzy and weak so the carers make me feel safe when they give me a bath every day." Relatives confirmed that they felt that their loved ones were safe. A relative told us, "I feel [person] is now 100% safe because of the carers."
- Procedures were in place to protect people from abuse, neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.
- Staff were aware of the process to report any concerns they had to the registered manager, to the local authority safeguarding teams and CQC if they needed to. Staff told us they were confident that the registered manager would action any concerns they had around people's safety.
- Staff confirmed that they had received training in safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risk assessments were completed for people following their initial care assessment. Most risk assessments were detailed and provided guidance to staff on how to protect people from harm. Assessed risks included skin integrity, diabetes, epilepsy, visual impairment, falls and living with dementia.
- We noted that the moving and handling risk assessments were lacking detail around how staff should support people during transfer. The registered manager told us they would review this and following the inspection they provided an updated risk assessment.
- People told us they felt safe when being supported by staff to move or transfer. Feedback included, "I am bed bound. On the rare occasion I am moved, two carers use the hoist together without any problems" and a relative told us, "Two carers use the hoist together to move [Person] from the bed and to use the commode. They look like they do it safely."

Staffing and recruitment

- Staff were safely recruited. The registered manager carried out required checks to ensure staff were suitable to work with vulnerable people. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Criminal records checks had been completed.
- We received mostly positive feedback from people and relatives regarding the timeliness of calls and whether care staff stayed the full duration of the care visit. Feedback included, "The carers are not rushed and always stay the full time" and "I get a call if they are going to be late and they stay for the full half hour, sometime a bit over."
- At the last inspection, a new call monitoring system had just been implemented. At this inspection, the call monitoring system had been in use many months. The registered manager and care co-ordinator could monitor staff log in and out times throughout the day.

- We reviewed call log in and out times and found that they were consistent with scheduled call times and lengths.

Using medicines safely

- Where people received support with medicines, they told us they had no concerns. Most people were supported by staff to apply prescribed creams. Feedback included, "I have not had any problem when the carers apply cream to me or any problems when they assist with medication."
- Staff were trained and their practice monitored to ensure it was safe. Competency assessments took place to help make sure that their medicine administration practice was safe. Regular spot checks took place which included a medicine observation.
- Medicine Administration Records (MARs) were completed accurately and reviewed on return to the office monthly. Any concerns identified on review were addressed with the staff involved which included additional training.
- Office based staff regularly contacted people's GP's for up to date medicines lists to ensure the MARs were correctly transcribed.

Preventing and controlling infection

- Staff told us they had access to personal protective equipment, such as gloves and aprons. One staff member told us they receive supplies when they have regular team meetings.
- Staff received training about infection control.

Learning lessons when things go wrong

- Staff told us they were enabled to report any concerns or incidents to the management team.
- Accidents and incidents were recorded and investigated, and actions were taken to reduce the risk of reoccurrence. For example, referrals to health professionals such as occupational therapists were made when there were concerns with equipment in people's homes.

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

Good: 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

- Prior to receiving a service, people's care needs were assessed by a member of the management team. The assessment detailed the support people required in areas such as eating and drinking, transfer, continence care and detailed how living with dementia may affect the person.
- A care plan and risk assessment were then created from the information captured during the assessment process.
- People, their families and if applicable, professionals were involved in the assessment process. A relative told us, "I was present with my relative for the assessment before the care started along with someone from the Council."

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started in their role and ongoing training. Records confirmed this as did our discussions with staff.
- A staff member told us, "We did a lot of training. We were hoist trained. We are doing medication."
- Feedback from people and relatives supported this. Feedback included, "I feel the carers have the right skills and experience to support me. They are very good."
 - Regular staff meetings were also used as an opportunity to provide training and relay important information to staff. For example, at a recent meeting fire safety was discussed with staff and staff were reminded to advise people who did not have a smoke alarm that they could obtain one from the fire service.
 - Regular spot checks were carried out to assess staff competencies in areas such as administering medicines, moving and handling, handwashing and infection control and time-keeping. This helped to ensure that people were receiving care from staff who were competent.
 - Staff had regular supervision sessions with a member of the management team. Staff told us they felt supported in their role.

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

- Where assistance was required to eat and drink, people received this and they told us it met their needs. Feedback included, "The carers leave plenty of water within my reach and make a hot drink if I want one."
- Care plans gave staff information on how people needed support with meeting their nutritional needs and included people's likes and dislikes.

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

- Nobody we spoke with told that they required help from staff to access health services. Most people told us their families arranged routine health appointments.

- However, we heard examples of where staff were pro-active in arranging referrals to health services, for example tissue viability nurses and occupational therapists when they identified that the person may require support.
- Clear records and audit trails were kept when office staff communicated with health professionals. For example, following input from a dietician, one person's care plan was updated with guidance received.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA and found that they were.
- People who had capacity had signed consent forms to say that they were happy to be supported in line with their care plans. Where people had fluctuating capacity, the correct procedures had been followed to support the person in their best interests.
- People told us that staff consulted with them when providing care and asked for their consent prior to providing assistance.
- Staff had received training on MCA and had a good understanding of this.

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

Good: 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

- Everybody we spoke to told us that staff were caring and treated them with dignity and respect. Feedback included, "The carers are nice people, they are kind and caring and they make me feel I am loved", "The carers are very kind and caring" and "A lot of compassion is shown by the carers and they treat my relative well."
- Staff told us that they enjoyed their job and had worked to build relationships with people and their families. One staff member told us, "I like all my clients." A second staff member told us, "We can have a little laugh and make sure they are okay."
- The service supported and employed people from different cultural and ethnic backgrounds. Where people had a religious or cultural requirement which impacted on their care, such as a specific diet, this was clearly stated in their care plan. One staff member told us, "The company is very equal opportunity." Staff had received training around equality and diversity.
- We heard of many examples of where staff and the management provided additional assistance to people outside of their allocated care times. Examples included, the management team assisting people late at night when they were unwell or anxious, staff sourcing cultural foods from other areas of London and attending health appointments with people when family were unable to attend. People and relatives told us that they appreciated the caring nature of the service overall.
- Most people and relatives told us that they had a team of regular carers who knew their care needs. However, some feedback received indicated that care staff regularly changed which was of concern to some. One person told us, "It is frustrating with the number of different carers, an example would be that a regular carer may buy an item of shopping and bring it the following day, that can't happen with all of the different carers."

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

- People and relatives told us that they were involved in making decisions about how they wanted their care delivered. They told us they were contacted regularly by the service to give feedback on the quality of care. A relative told us, "I have a copy of the care plan which was discussed with both of us."
- Care plans detailed people's involvement in the assessment process, which contained information about people's backgrounds and family history and how they liked to have their care delivered.
- Care plans detailed people's communication abilities and provided staff with guidance. Since the last inspection, the service started to use communication cards in multiple languages. This helped staff communicate with people more effectively.

Respecting and promoting people's privacy, dignity and independence

- People were supported by knowledgeable staff who had been trained to understand the principles of

privacy, dignity and independence. A person told us, "I find the carers are very respectful of my privacy and dignity." Staff were knowledgeable around how to ensure they assisted people in a respectful way ensuring their privacy and dignity was maintained.

- People told us remaining living at home was important for them and having carers who understood how to promote independence helped. One person told us, "I do what I can for myself. The carers do what I can't do such as making the bed or putting washing in the machine. Having carers enables me to stay at home and therefore maintain my independence."

Is the service responsive?

Our findings

Our findings

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

Good: 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 and relatives told us that the service met their needs and was flexible in its approach. Feedback included, "If I request two staff to come the next day instead of just one to wash my relative's hair, the office always manage to find them" and "I had a problem with my front door so someone from the office phoned the council and got it fixed."
- Care plans clearly detailed the support people needed from staff during a care call. For example, detailed guidance was given to staff on how to support a person during transfer to reduce the likelihood of pain. For another person, how they liked to take their medicines was documented for staff.
- Care plans were reviewed regularly and updated as people's needs changed. A person told us, "I had a visit from the company to review the care plan within the last year; it had to be changed."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain if they needed to. Everybody we spoke with told us they would not hesitate to raise a concern and had been supplied with the information to do so.
- People told us of examples where they raised concerns and they had been resolved. A person told us, "The carers were forever changing. I asked to see the manager about it a few weeks ago, she visited within a couple of days and it is now much better."
- Processes were in place to ensure complaints were investigated and responded to. Records were kept and where areas for improvement were identified, actions were taken, such as additional staff training and referral to a health professional.
- When reviewing the accident and incident folder, we noted that some of the issues raised were of a complaint nature as opposed to an actual incident. We spoke with the registered manager about ensuring complaints were correctly categorised and dealt with under their complaint's procedure.

End of life care and support

- No one received end of life care at the time of our inspection. However, the service had done so previously and worked alongside health professionals to ensure people received a pain free and dignified death.

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

Good: 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

- Between 2016 and 2018 Skillcare Limited had been rated inadequate and CQC took enforcement action against the provider. At our last inspection, we noted that significant improvements had been made to the overall quality of care. At this inspection, we found that the improvements made had been sustained and embedded. This was reflected in the feedback received from people, relatives and staff. People were now receiving a good quality of care.
- There was a clear staff organisational structure in place at the service and people knew who they needed to speak with if they had any concerns. A staff member told us the best thing about working for Skillcare Limited was, "You get loads of training. It helps me develop more skills and understanding." A second staff member told us, "They are 100%. I phone them if I feel something is not right and they are on it straight away."
- Statutory requirements had been met by the provider and they demonstrated their regulatory knowledge during the inspection.
- Quality assurance systems were in place. The management team carried out regular spot checks on staff. Care records such as MARs and daily observation records were audited on a regular basis. Any concerns noted were addressed with the staff member involved.

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

- Everybody we spoke with told us they would recommend Skillcare Limited. Many people told us of a flexible and responsive approach of the management team and friendly staff.
- Feedback from people included, "I can recommend the service. They look after me carefully and do all the things I want them to. The carers are always polite" and "I get a very good service so can recommend them."
- Relatives told us, "If they treat everyone the same as the do for my relative then I can definitely recommend the service" and "I can recommend them, I think they are excellent, on call 24/7 and very considerate."
- Staff were confident that people received a person-centred care. A staff member told us, "They get an excellent service. We make sure the job is done properly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service regularly gave people opportunities to feedback on their care. People were asked for their comments at unannounced spot checks carried out to check staff practice.

- People were also invited to meetings to give their feedback through regular telephone surveys and annual questionnaires. A relative told us, "We receive a questionnaire every year and someone from the office visited to check all was okay." We could see that people's feedback had been acted on.
- Monthly staff meetings were held at a location near to where most staff worked. The registered manager told us this meant that staff were better able to attend. The registered manager used this meeting as an opportunity to do training with staff.

Working in partnership with others

- The registered manager told us about positive working relationships developed with health and social care professionals such as district nurses and GP's. Records showed that the registered provider was working with other professionals such as dieticians, physiotherapists and occupational therapists.