Second 2 None Healthcare Ltd

Second 2 None Healthcare Limited (Doncaster)

Inspection report

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Date of inspection visit:
07 June 2016

Date of publication:
20 July 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 June 2016. We gave the provider 48 hours' notice we would be visiting to ensure the manager would be at the service.
Second 2 None Healthcare Limited (Doncaster) provides personal care and support to people in their own homes in Doncaster area. On the day of our inspection there were 56 people using the service.

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

There were systems in place that ensured people received their care on time and people were kept safe and their needs were met. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The service had systems in place to manage accidents and incidents whilst trying to reduce reoccurrence.

Most medicine records showed that people were receiving their medicines as prescribed by health care professionals. Although not all records had been signed. This was in the process of being addressed by the manager.

There were enough staff on duty to meet people's needs.

The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

Staff training was up to date. Staff received supervision, appraisals and training appropriate to meet people's needs and enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to legislation.

People were involved in their care planning and the care and support they received. People were treated with kindness and compassion and people's privacy and dignity was respected. Staff respected their wishes and met their needs.

Support plans and risk assessments provided information for staff on how to support people using the service with their needs. Support plans were not always reflective of people's individual care needs and

preferences yet were reviewed on a regular basis.

People's care files were kept both in people's home and electronically in the office. People were supported to be independent where possible such as attending to some aspects of their own personal care.

People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

There were processes in place to monitor the quality of the service and the manager recognised the importance of regularly monitoring the quality of the service provided. People and their relatives were provided with opportunities to provide feedback about 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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support.

People were supported by sufficient staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to support them to deliver care and fulfil their role.

People's healthcare needs were met and they were supported to access healthcare professionals.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People who used the service and their families valued the relationships they had with staff and were very happy with the care they received.

People were involved in making decisions about their care and the support they received.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a risk that people may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good

The service was well led.

Staff felt valued by management and they were clear about their roles and responsibilities.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Second 2 None Healthcare Limited (Doncaster)

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 was 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.

The inspection took place on 7 June 2016 and we gave the provider 48 hours' notice as we needed to be sure that the manager and staff would be available to assist in the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority who commissioned the service to obtain their views.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with six people who received support from the service, two relatives, four care staff and the manager. We reviewed the care records of 10 people receiving support. We also looked at service records including staff recruitment, supervision and training, policies and procedures, records of complaints and compliments and checks that had been completed.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff who visited and felt supported by the agency. One person we spoke with told us, "Yes, I feel safe when they are here." Another person said, "I am safe with them." A relative told us, "I feel my [relative] is in safe hands."

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks; for example moving and handling, mobility, bathing and showering, nutrition and hydration and medication. These had been regularly reviewed and updated to meet people's changing needs. Environmental assessments of people's homes were also undertaken. There were systems in place to record and monitor incidents and accidents; these were monitored by the manager and the provider which ensured that if any trends were identified, actions would be put in place to prevent reoccurrence. Whilst staff and the manager had a good knowledge of people's identified risks and how to manage them the information was not always detailed in people's care plans. For example one person no longer required two staff to help mobilise however the care plan had not been updated with the most current information.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. We looked at medicine administration records (MAR). We saw records had not always been signed by staff once they had observed the person taking their medicine. The manager had recognised this and on the day of our inspection told us that the issue was to be addressed through supervision and additional training which we saw had been booked. We saw medicines risk assessments were in place and described the risk and what action to take.

Staff we spoke with and the manager told us that there were arrangements in place to cover people's calls when someone was absent from work with a care worker people knew. Staff also told us if there was a delay to a visit the office staff contacted the person who used the service to inform them of this although we received mixed reviews about the punctuality of staff. One person we spoke to told us, "I have never had any missed calls and my carer is on time every time." Another person told us, "I've never had any missed calls but they are sometimes late." A relative said, "Staff are not always on time but we are normally informed if they are going to be late."

We looked at current and historic staffing rotas and spoke to care staff and found there were sufficient staff employed to complete the calls they needed to. One staff member told us, "We have enough staff to carry

out our visits and do what is needed, but we don't have enough time to sit and chat to people."

People were supported by care staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

Good

Is the service effective?

Our findings

People felt they were cared for and supported by care staff who had the skills and knowledge to meet their needs. A person who used the service told us, "I have found them spot on." Another person said, "The staff are very good, they seem to know what they are doing."

Records showed that all staff completed an induction when they joined the service, which included training in moving and handling, infection control and health and safety. Staff told us the training they received was appropriate for the work they were required to undertake. New staff shadowed experienced staff when they joined the service and their competence to provide safe care was assessed as part of the induction process. Following their induction, each staff member's practice was observed at random intervals, when they were assessed in relation to a number of issues including moving and handling, record keeping and communication. The staff we spoke with confirmed that their practice was observed regularly. This helped to ensure that staff were providing people with safe, effective care.

Staff told us they received regular supervision and felt well supported by the manager. Issues addressed during supervision sessions included the standard of their work, their personal development and training needs, feedback from people being supported and other staff, and any concerns. Staff told us they felt able to raise any concerns during supervision. At the time of our inspection the service had not been running for a year and as such appraisals had not been carried out. However we saw that a system of appraisal was in place.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. All staff had completed training in first aid, moving and handling, food safety and nutrition and hydration. This helped to ensure that staff were able to meet people's needs effectively. Staff told
us they could request further training if they needed it. However one staff member told us they would like some further training in epilepsy. They had brought this up in supervision but had not had a response.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that this did not currently apply as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to

ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said, "It's important that I get consent before doing anything."

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where risks had been identified. The staff we spoke with gave examples of how they supported people with nutrition or hydration needs, for example people with diabetes. The people we spoke with told us they were happy with the meals staff prepared for them.

The people we spoke with felt their health care needs were met by staff. Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that the service had referred people to a variety of healthcare services including their GP and the community mental health team. Visits from health care professionals were documented by staff in people's daily records and correspondence about health care appointments was kept in their files.

Good

Is the service caring?

Our findings

People were supported by care staff who were professional, sensitive and caring. Comments made to us by people who used the service included, "The staff who visit are very nice indeed, I am very pleased with them all", "They are all very good" and "I am happy, they look after me carefully." One person said, "I always feel better and brighter when they are here."

People developed relationships with care workers who treated them with kindness and respect. Care staff described how they enjoyed their work and felt satisfaction from helping people. One staff member said, "I love my job, there is nothing better than giving help to those who need it." People told us they were generally supported by the same staff or small group of staff. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. People told us that staff were rarely late but if they were going to be late, the service telephoned them to let them know.

People told us their care needs had been discussed with them prior to the service starting and during their care plan reviews. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. People and their relatives felt that communication from staff and the manager was good. Relatives told us they were updated by staff if there were any concerns or changes in people's needs.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff were respectful and discreet when providing personal care or helping them to move around their home. People told us they could make choices about their everyday lives and how they received their care, such as what they had to eat, what they wore each day and where they went for their shopping or on trips out. People told us staff did not rush them when providing support.

People told us staff encouraged them to be independent as they could be. One person told us, "The staff only help me when I need it. They know what I can do for myself". Staff told us they encouraged people to do things for themselves when they were able to.

People were treated in the way they preferred and that they found staff respectful. A person who used the service said care workers were, "Polite and helpful." People also told us they were comfortable in how care workers conducted themselves when in their homes. Care staff described how they showed respect to people in their homes, such as asking permission to use any facilities and checking with the person where to leave their coat.

Requires Improvement

Is the service responsive?

Our findings

An assessment of people's needs was completed before the service began supporting them. The assessment documents were detailed and contained information about people's preferences as well as their support needs. They included information about people's social history, medical history, communication, medicines and personal care needs.

People's care plans were not always completed in a way that provided personalised information about them. The design of the care planning system was intended to promote personalised care, however we found these were at times completed using the same phrases in different people's care plans. We found one person's mobility had improved and no longer need two staff to attend. This information had not been detailed in the care plan as to what constituted the change in mobility or how the care required had changed to suit the person's new level of need. This meant that there was a risk that people may not get the care they required because some care plans did not contain sufficient detail about people's needs and how these should be met. The manager told us since taking up post they had identified care plans required more detail to be included and that they were arranging for additional staff training on completing and updating care plans.

People received their care and support at the time it was planned for. People told us care staff usually arrived on time and they were contacted if there was any delay. A person who used the service told us care staff were, "Fairly good at timekeeping." Another person said, "They stay the full time and do what I want them to." However we found that the daily notes completed by staff did not always reflect this. For example, one person's care package was for multiple daily visits totalling nine hours per week. The times of arrival and departure recorded by staff for one week showed that the total support provided totalled three hours. No explanation had been recorded for the discrepancy.

A complaints, compliments and suggestions policy was in place and information about how to make a complaint or provide a compliment about the service was included in the service user's handbook. The information included timescales for an acknowledgement and a response. We reviewed a complaint received by the service in 2016 and found that they had been addressed in line with the policy. People told us they felt able to raise any concerns with staff or with the manager. One person told us, "If I had a concern I know I could tell them."

Good

Is the service well-led?

Our findings

The service had a manager in post who was in the process of becoming a registered manager with the Care Quality Commission. The manager was supported by the provider and worked in the office on a daily basis. The manager was able to demonstrate to us that they had a good knowledge of the people using the service. People and their relatives told us they could speak to the provider or to the manager whenever they wanted to, they were very approachable and supportive and that they were confident in the way the service was being managed. One person said, "I can contact the office anytime."

We looked at whether people were involved in the development of the service. The manager sent out regular satisfaction questionnaires to people and their relatives. We reviewed the questionnaires from 2016 and noted that people reported a high level of satisfaction with the service including the professionalism of staff, staff training and feeling safe and comfortable with staff. We saw evidence that where people had expressed dissatisfaction with the service, action had been taken to make improvements.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One member of staff told us, "It's a good place to work, there is definitely a team feeling and morale is good." Another member of staff told us, "I think the service is well run." Staff also told us that the
manager and provider were supportive and operated an open door policy. One member of staff said, "I can go to them at any time if I have concerns and they will act."

Regular staff meetings were held where a range of topics were discussed such as feedback on spot checks, record keeping, training and business changes. Staff who were unable to attend team meetings were sent copies of meeting minutes.

There were effective processes in place to monitor the quality of the service and the manager recognised the importance of this. Records demonstrated regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included care plans, risk assessments and safeguarding. Regular spot-checks were carried out to ensure that staff were wearing their uniforms and identification badges, that they were punctual and were meeting people's needs. This enabled the manager to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being. One member of staff told us, "The manager does spot-checks to maintain standards, it's how it should be."