

Somerset Care Limited

Somerset Care Community (Taunton Deane)

Inspection report

Huish House
Huish Close
Taunton
Somerset
TA1 2EP

Tel: 01823447120

Date of inspection visit:

11 January 2016

12 January 2016

15 January 2016

Date of publication:

30 March 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11, 12 and 15 January 2016. The week commencing 25 January 2016 we spoke with people over the telephone. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Somerset Care Community (Taunton Deane) provides personal care for people living in their own homes in the Taunton, Bridgwater and Chard areas. At the time of this inspection they were providing personal care for 509 people. They also provided a domestic service to people in their own homes. This was the first inspection since the service was reorganised following the Chard and Taunton office merger.

There is a registered manager in post. 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 who received personal care from Somerset Care Community (Taunton Deane) told us they were happy with the care and support provided. They said the management and staff were open and approachable and cared about their personal preferences and kept them involved in decision making around their care. One person said, "Since I changed to Somerset Care I have been very happy with the support I receive." Another person said, "They [staff] are always very cheerful and nothing is too much for them."

Some people who used the service and care workers said office staff did not allocate sufficient time for care workers to travel between visits. One person said, "The staff are very well organised, but the company is not organised, they don't recognise the distance the staff travel." Some staff spoken with also said planners did not recognise the time it took to travel between calls. These people felt this was the reason some calls were later than planned. The registered manager confirmed planners carried out care duties every six months and covered for staff sickness so they would have an idea of the time it took staff to travel. One staff member said, "Travel time can vary a lot in this area as traffic congestion can change in a second and then it puts everything out, so it is difficult to plan for that."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. Most people said they had a consistent team of care workers who visited. They said they were usually on time and very few people said they had experienced missed calls. However some people said they were not informed when a care worker was changed or if they were going to be late. The registered manager confirmed they would only take new people on if they could meet their needs. If they were unable to meet their needs they would signpost them to another agency or health care professionals.

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people. For example they could ask the training team to provide specific training in the person's home if they had new equipment. They understood people's needs and were able to explain to us how they would care for each person they visited.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. Daily progress reports showed care workers had followed the care plan. One person told us the care workers always read their care plan when they visited them.

There was a corporate philosophy of care for the agency which was to provide a service which was to, "promote dignity, privacy, respect for human rights, equal opportunities and the right to enjoy the highest possible quality of life. We support the personalisation agenda and believe people receiving services should be at the centre." The registered manager said their philosophy was to ensure best possible care meeting people's needs safely, recognising their preferences and choices. They also said they aimed to empower staff giving them extra responsibilities so they felt valued. Staff and people spoken with said they felt people were at the centre of the care provided. People commented on the involvement they had with their care plans and any changes. The registered manager had also introduced customer meetings when people could meet staff and discuss their views and experiences.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; and we observed people were happy and relaxed with care workers during our home visits.

Most people were able to access health care professionals independently but assistance could be provided if requested. Staff monitored people's health with their consent and could direct to healthcare professionals as appropriate.

The agency had a complaints policy and procedure that was included in people's care plans. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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 were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

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

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had a good knowledge of the people they provided care and support for.

People were able to make choices about who supported them.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with good staff morale.

Good ●

Somerset Care Community (Taunton Deane)

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 11, 12 and 15 January 2016. The week commencing 25 January 2016 we spoke with people over the telephone. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection since the service was reorganised following the Chard and Taunton office merger.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Somerset Care Community (Taunton Deane) provides personal care for people living in their own homes in the Taunton, Bridgwater and Chard areas. At the time of this inspection they were providing personal care for 509 people. They also provided a domestic service to people in their own homes. We visited eight people in their homes and spoke with seven people by telephone. We spoke with two relatives during our visits and three over the telephone. We also spoke with thirteen staff members and the registered manager. On the second day of our inspection we met with seven people at a customer forum held by Somerset Care

Community (Taunton Deane) at their office.

We looked at records which related to people's individual care and the running of the service. Records seen included fourteen care and support plans, quality audits and action plans, four staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "I feel very safe with them [care staff], and that is very important to me". Another person said, "I feel safe with them, they are very good, and good with hygiene as well". One relative said, "I am more than satisfied that my [the person] is safe when they are here it puts my mind at rest."

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One care worker said, "We have had the training about safeguarding people and it is down to us to report anything to the supervisors or management. I know they would deal with anything appropriately."

The agency's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts of all monies handled. Staff members spoken with confirmed they had read the policy and could explain the process to follow. One person's record showed staff had followed the procedure and had obtained a receipt and signatures from the person when they returned the change.

Some staff said they felt there were not enough staff to cover all the work they had. The registered manager confirmed they sometimes needed to ask the team supervisors or planners to cover a shift if a care worker called in sick. The registered manager confirmed a recruitment programme was being carried out, and that they had suspended taking on further clients until they had sufficient numbers of staff to meet their needs. People said they felt they were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person said missed calls did not happen but they felt they were not always informed when a change of care worker occurred at the last minute.

Care plans included clear risk assessments relating to people's personal needs and the environment. All staff were aware of the importance of informing supervisors of changes that may indicate a new risk. There was also clear guidance for staff on what to do if people declined care. Staff all knew what action to take if a person declined care or food. For example one care plan clearly stated to record if the person had eaten their meal or not. This was in place to alert staff of the risk of the person becoming malnourished. The daily records showed staff recorded when food had been eaten or declined.

Other risks had been assessed and managed appropriately. For example mobility risk assessments identified the number of staff and any equipment that would be used to help a person move. Staff confirmed they received training in the correct use of specific equipment such as hoists and stand aids. During our visits to people's homes we observed staff using a ceiling track system and other staff using a hoist and sling. In both cases staff appeared confident and competent in their use of the equipment and the

people were chatting comfortably with them while being moved, which indicated a level of confidence. All the staff spoken with said the training provided by the agency was excellent. One staff member said, "I really can't fault the training if we do not know how to use something we just need to ask." Care plans showed risks had been discussed and agreed with people at their first assessment. The risk assessments were also reviewed with people when care plan reviews were carried out and if people's needs changed.

Some people required assistance with their medication. A clear risk assessment and agreement was in place and recorded to show how and when assistance was required. There were clear protocols in place to show at what level the assistance was required for example just prompting or reminding a person to administer prescribed medication from a blister pack. All staff were trained in managing medication and the registered manager and senior staff assessed staff competency during spot checks. Staff spoken with demonstrated a clear knowledge of the protocols in place for example one care worker explained how on one occasion they had arrived at a home to find all the medication had been put into a home-filled dosset box by a member of the person's family. The member of staff had to explain to the relative that they could not administer medication that was not in a blister pack or an official medication package. During a visit to a person's home we observed a member of staff ask the person, "Do you want some paracetamol?" When they said yes, the staff member got this out of a packet and also recorded it on the medication administration record (MAR) together with the administration of the blister pack medication. They showed us the box was a formal paracetamol box, correctly dated and prescribed to the person, with a named label on it. These two separate examples showed staff knew and understood their responsibilities and restrictions with regard to the safe handling of medication. The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them.

Staff confirmed they were supplied with adequate supplies of personal protective equipment (PPE) such as gloves and aprons. During the three days we were at the office we observed staff collecting PPE. One person spoken with said, "They are really good with the hygiene, they always use gloves and aprons." We observed staff use fresh disposable aprons and gloves before they carried out personal care.

Is the service effective?

Our findings

People received effective care and support from well trained staff. Most people said they felt all the staff were well trained and knew their needs well. One person said, "They all seem to be well trained and understand what I need." Another person said, "All the carers who come to see me are well trained and know exactly what they need to do." However one relative said, "I don't think some of them have any understanding of dementia." But they did not give an example of when staff had not demonstrated good care. Part of the training programme for staff included dementia awareness. There were plans for further dementia training for staff to specialise in providing meaningful activities. Although they did not give an example of when staff had not demonstrated good care. One care worker said, "The one thing they [the organisation] do very well is the training."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One care worker told us the training was really helpful. They explained they shadowed for two or three weeks before working alone they said, "I think it should have been two weeks but I asked for it to be longer. I think when you're on your own you cannot afford to do anything wrong so I wanted that little bit of extra help and they were fine with that." People we spoke with confirmed new staff shadowed more experienced regular staff and were introduced to them before they visited alone. The registered manager confirmed their induction followed the Care Certificate which is a nationally recognised training programme.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, principles of care, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. One care worker said they felt the training was "very good", another said "the training is exceptional." One staff member explained how when they were promoted they had been offered the training to support the change such as, "stepping up to management" in preparation for the promotion. They had also attended a course in how to give supervision. In addition at the start of their new role they had been allocated a mentor. "They mentored me full on for a couple of weeks, and now gives ongoing support and the rest of the team are good and will help me out if I need it." This meant people were supported by staff who had the knowledge and skills to meet their needs effectively.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "We get one to one supervision and the supervisors do spot checks when we are in people's homes. We can also come into the office and talk with someone at any time." Another staff member explained how they had received extra one to one supervision meetings due to health issues. They said they had found this very helpful. Some people were able to confirm senior staff visited to observe how staff worked but some were unable to

comment on whether it happened.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. During our visits to people in their own homes we observed staff prepared meals of the person's choice and staff ensured there was adequate fluids close by for them to drink through the day. One person said, "They know exactly what I like and don't like and they always offer me a cup of tea the minute they walk in." Another person said, "They are very good they always ask me what I would like and prepare it for me." During our home visits the staff member always asked the person if they would like a cup of tea or a drink.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorneys so they were sure the right person was giving consent on the person's behalf.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. One staff member explained how a meeting had taken place with relatives, social workers and the person's GP when a decision about their care had been made.

People were supported to see health care professionals according to their individual needs if they informed the agency they required assistance. However most people said they received support from their relatives to attend appointments.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said, "I think they are very caring, they seem to like their work". Another person said, "I am very happy with the care I receive, I couldn't wish for better". Whilst a relative told us, "The staff are all really good they have made the exercises fun for [the person] as well" One relative explained "The neurologist said he was happy with [the person's] progress which had no doubt been helped by the care and help from the carers"

The agency kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. We saw comments such as, "Good team of workers who work hard," and "All carers have been excellent, I'm very grateful for the care given and shown to my [the person]." The registered manager explained that as well as caring for people the staff became involved in the community. For example they had carried out fund raising for the local hospice and put together Christmas gift boxes for local homeless people.

Most people said they had a consistent staff team and felt this was important. However some people felt they saw a variety of staff. There was a different experience for people with in the two areas. People in the Taunton area felt they received a consistent care package from staff they knew and had managed to build a relationship with. However some people in the Chard area felt they did not have a consistent team visiting them with changes being made to their planned visit regularly. One person said, "I know all my carers and I know who is coming and when." Another person said, "I had several different carers to start with but it has settled down now." The registered manager confirmed they had carried out some work following an audit of consistency to ensure people received care from consistent team of care workers. One staff member explained how one person was very anxious about who visited and only had four care workers. The staff member explained that every week they made a special visit to tell the person who would be coming and when.

People confirmed care workers cared for them in a way that respected their privacy. One person said, "They always respect me as an individual." Another person said, "They are respectful and help me with my independence, but know when I can't manage something" During our visits we observed staff supported people in the privacy of their room or bathroom. People told us personal care was carried out in a dignified way with people's preferences for care and support being respected.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Office staff carried out 20 telephone calls with people each month to discuss their care package. As well as the telephone calls team supervisors would visit people and have themed conversations. For example one themed conversation asked; "Tell me about the staff who look after you." It included what worked well and areas for improvement. People were also sent a customer satisfaction survey when they could express their views of the service provided. During our inspection a customer forum meeting was held when seven people visited the office to discuss their experiences and meet staff. The registered manager explained this was a new

practice which they hoped to continue and develop further.

Staff told us they were aware maintaining confidentiality was important. They all said they would not discuss another person whilst providing care. One staff member said, "It's even more important in the extra care housing as everybody knows everybody else and that you are visiting people."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. We looked at fourteen care plans. This included six in the office and eight in people's homes. They were personalised to each individual and contained information to assist staff to provide care in a way that respected their wishes.

Care plans gave clear information about the support people required to meet their physical needs and had information about what was important to the person. The records showed staff had carried out the care and support in line with the people's care plans. For example we saw one care plan said the person was at risk of falls. To reduce this risk staff were to prompt the person with their exercises. Daily progress records showed staff did this on each visit. The person's relative said the neurologist had commented on the person's progress and that staff made the exercises fun for them.

Staff had a good knowledge of the needs and preferences of people they cared for. People said they felt staff understood their needs. One person said, "They all know exactly what I need and how I like things done." Another person said, "They all know I do not like just a cup of tea, I like my tea in a teapot and they do it just as I say. It's a little thing but important to me."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One person said, "They are flexible and accommodating if I need to move an appointment." Another person told us about the outings they went on when their care worker was with them. They said, "I am partially sighted and I do not get out unless I have someone with me. It has been really good to go places with my carer. They ask me what I like and try to arrange things for us to do together." The registered manager talked with the person about places they might like to visit in the future.

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager confirmed if they felt they were unable to meet the needs of the person they would either signpost them to another care agency or refer them to other healthcare professionals. This meant people could be supported to receive a personal care package that was appropriate to meet their needs.

People said they could express a preference for the care worker who supported them. One person said, "I was given the choice of a male or female carer. I prefer female and that is what they provide." One relative said, "We were asked if we would like male or female carers, my [relative] prefers the female carers" Another person said, "I didn't like one of the carers visiting, nothing bad just a personality clash. When I mentioned it they changed the rota so they did not come again." One staff member explained how one person was very anxious and always had the same team of care workers going in. This meant people felt they could maintain some control over the staff who supported them.

People said they felt they could complain if they needed to and the agency responded to their concerns. A copy of the agency's complaints procedure was available in the care plan folder kept in the home.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice.

People, relatives and care workers told us the management team was open and approachable. They all said they felt they could talk with a supervisor or manager at any time. One person said, "The supervisor visits regularly, so we can discuss things then." All the staff spoken with said they could come into the office at any time and the registered manager was prepared to meet with them.

People's experience of communication with office staff was varied; Some people felt they had to wait too long for the telephone to be answered. One person said, "They don't seem to answer the phone very quickly although it has improved recently." Staff members also commented on the length of time it took for the telephone to be answered. The registered manager confirmed this had been an issue that people had raised and they had reorganised the office and an improvement had been noted.

Some people commented that office staff did not appear to understand the travel time's care workers required to go between calls. One person said, "The staff are very well organised, but the company is not organised, they don't recognise the distance the staff travel." Some staff spoken with also said planners did not recognise the time it took to travel between calls. We discussed this with the registered manager who confirmed planners carried out care duties every six months and covered for staff sickness so they would have an idea of the time it took staff to travel. One staff member said, "Travel time can vary a lot in this area as traffic congestion can change in a second and then it puts everything out, so it is difficult to plan for that." A third of the people we spoke with said they had experienced times when the office had not contacted them to let them know when staff were going to be late. The registered manager said this had been identified through their satisfaction survey and conversations with people and action was being taken to improve contact with people when staff were delayed.

In addition to the registered manager there were supervisors who were responsible for a team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. Staff told us they always had someone they could call if they needed advice. One person said they had numbers to call if they needed to talk with someone.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice.

There was a corporate philosophy of care for the agency which was to provide a service which was to, "promote dignity, privacy, respect for human rights, equal opportunities and the right to enjoy the highest possible quality of life. We support the personalisation agenda and believe people receiving services should be at the centre." The registered manager said their philosophy was to ensure best possible care meeting

people's needs safely, recognising their preferences and choices. They also said they aimed to empower staff giving them extra responsibilities so they felt valued. Staff and people spoken with said they felt people were at the centre of the care provided. People commented on the involvement they had with their care plans and any changes. The registered manager had also introduced customer meetings when people could meet staff and discuss their views and experiences.

People were supported to share their views on the way the service was run. People's views were gathered by regular monitoring visits, phone calls and by satisfaction surveys. The agency carried out themed conversations with people around specific areas. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences.

The organisation had revised their policies and procedures to reflect the new regulations. They included a policy on the duty of candour and were organised to cover the five domains of safe, effective, caring, responsive and well led. The policies had been signed and a review date was included. The staff handbook included the policies that were relevant to their role in the agency.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.