

Scott Care Limited

Scott Care's Medway Branch

Inspection report

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10 September 2020

11 September 2020

16 September 2020

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26 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Scott Care's Medway Branch provides personal care to older people living in their own homes. At the time of the inspection 127 people were using the service.

People's experience of using this service and what we found

People received safe care and the provider had made improvements since our last inspection. There were enough staff to ensure people's needs were met. Where there had been incidents of missed visits the provider and registered manager had taken robust action to prevent these recurring. New risk assessments had been implemented to ensure all risk to people were managed safely.

Lessons had been learnt by the provider when things went wrong and used to make improvements. New systems had been implemented to ensure people received their medicines safely. The provider had managed well during the Coronavirus pandemic and had robust policies and procedures in place to prevent and control infection.

There were improvements to the management of the service since the last inspection. There was a better oversight of areas for improvement from incidents, accidents and complaints. There were clear action plans for how these would be addressed. There was still some improvement needed for more detail and clearer actions from quality audits. The provider and registered manager sought people's views on their care provided and worked with other health and social care professionals to meet people's needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations in the safe and well-led domains.

Why we inspected

We received concerns in relation to people missing their care visits as planned. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider has taken action to mitigate the risk of missed care visits. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Scott Care's Medway Branch on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Scott Care's Medway Branch

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors, one who visited the registered office, one who reviewed documents off-site and another who spoke with staff over the telephone. Two assistant inspectors spoke with staff, people and their relatives off site over the telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was newly registered with the Care Quality Commission shortly after our inspection visit. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed the registered manager to inform people, relatives and staff we may contact them for their feedback.

Inspection activity started on 10 September 2020 and ended on 16 September 2020. We visited the office location on 10 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the nominated individual, the registered manager, the recruitment and training manager, a care co-ordinator, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff recruitment and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We looked at quality assurance records and incident analysis.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of staff were deployed to ensure they met people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had deployed enough staff to meet the needs of people. They continued to recruit safely during Covid-19 and did not take on additional packages unless they had enough staff to offer these. Staffing levels were checked against the rota on a monthly basis. Care co-ordinators and the registered manager covered care visits when needed. The provider had acted to ensure people did not miss their care visits. Since our last inspection a new system was implemented of a carer on standby every weekend to cover staff absences.
- There were three further incidents of missed visits during August. This had led to one person missing their medicines and being left to sleep in a chair all night. The care co-ordinator in the office had failed to inform a carer of changes to their rota; and the on-call co-ordinator had failed to action the missed call alert. Following this the registered manager took additional action by implementing weekly rota checks with staff. The provider also implemented a new on-call system. When a care co-ordinator was on call, they were not in the office and could therefore focus on responding to alerts without distraction. They had a buddy cover system, so another co-ordinator was on standby in case of absence.
- People and their relatives gave mixed feedback about the timing of calls to meet their needs, whether carers were on time and stayed for the right length of time. Eight people told us their carer stayed for the right length of time. One relative said, "Yes, that has got a lot better, before they would be cheeky and say do you mind a wash rather than a shower as we don't have time." Six people told us they were not informed when their carer was running late. The registered manager said they do their best to inform people when staff are running late or when there is a change in staff and do apologise later when they haven't informed people. Their priority is to cover the visit first to avoid the risk of a missed visit. The provider is aware of these concerns and expects their new working systems will improve this.
- Safe recruitment systems were in place and all the required pre-employment checks were completed by the provider to protect people from the recruitment of unsuitable staff. These included references, full employment history and Disclosure and Barring (DBS) background checks for all staff. DBS checks help employers to make safer recruitment decisions. The provider had changed staff files to an electronic system which provided a clear oversight of all the recruitment checks for all staff.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines, including as required medicines, were managed safely. New Medicine Administration Records (MARs) had been implemented since the previous inspection. These were audited by office staff and overseen by the registered manager. Where any issues had been identified these had been actioned to ensure good practice and prevent medicines errors. For example, audits had identified staff were not always recording 'As required' medicines on the front of the MARs as well as the additional details required on the back. Staff were informed about this and the issue had improved.
- Staff received training and competency checks to ensure they gave people their medicines safely. Office staff completed spot checks on staff's competence with medicines and records were kept of these.
- The provider had identified ways to further improve their safe management of medicines. They recognised their monthly medicines audits did not identify medicines errors in a timely manner. This relied on carers identifying errors from records within people's homes and informing the office. The registered manager was in the process of introducing a new electronic system which will provide up to date records and alerts. This means if a person is not given their medicine, the office will be alerted, and they can take the appropriate action immediately.

Learning lessons when things go wrong

At our last inspection the provider had failed to operate effective systems and processes to monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been improvements with the provider learning when things went wrong. Accidents and incidents had been reviewed and appropriate action had been taken in response. A root cause analysis was completed for incidents to understand why they happened and to find solutions for sustained improvements alongside any lessons learnt. For example, the missed visits discussed above had followed this process and identified a new office rota system was required to ensure better management of missed call alerts.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider seeks advice from a reputable source to review their safeguarding policies and procedures. The provider had made improvements.

- Systems and policies were in place to protect people from abuse and avoidable harm. The provider had reviewed their safeguarding policy in May 2020. The provider and registered manager were aware of local safeguarding policies and procedures and the need to notify CQC of any concerns. People and their relatives told us they felt safe with the carers.
- Staff received training on safeguarding people and could tell us how they would report abuse. Staff knew the procedures for whistle blowing and had followed these procedures. This meant the provider could be

assured that people were protected from the risk of abuse. The registered manager had responded to any concerns raised by investigating incidents and taking the appropriate actions.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance and seek advice from a reputable source on risk assessment and management. The provider had made improvements.

- Risks to people were managed. New care records had been implemented which included detailed risk assessment of people's needs and how to mitigate the risk. These included all areas such as moving and handling, nutrition and hydration, falls and any risks individual to the person. These provided staff with the guidance to care for people safely and meet their needs.
- Environmental risks to people were identified, assessed and managed safely. Risks around people's homes and any equipment used were identified.

Preventing and controlling infection

- The provider had managed during Covid-19. They had maintained enough supplies of Personal Protective Equipment (PPE) and staff collected these from the office as required. People told us staff wore PPE during visits. The registered manager completed spot checks on this. The service received an Infection Prevention and Control (IPC) fund and used this to purchase additional staff uniforms and temperature guns for staff.
- There were up to date Covid-19 policies in place and information and guidance was shared with staff. All staff had completed training on Covid-19 related IPC. The registered manager completed audits on IPC. Actions from audits were followed through. For example, they identified some staff were wearing wrist watches and were not 'bare below the wrist' as described in their induction training. Written communication was sent to all staff to remind them of this and to advise the use of fob watches.
- The provider had protected staff and people from the risk of Covid-19. Where required staff shielded, and all people and staff had a risk assessment completed to identify their individual risks.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant 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

At our last inspection the provider had failed to operate effective systems and processes to assess, monitor and improve the safety and quality of the service and ensure it was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been some improvements in the governance systems to ensure high quality and safe care. Risks to people had been identified and managed to mitigate the risks. A new care file system had been implemented which had led to more complete, accurate and up to date records. There was better oversight and management of the improvements needed. For example, monitoring and auditing systems were used to ensure staff were up to date with their training and supervision. Where staff were overdue training, actions were in place to address this.
- Quality assurance systems such as audits were completed and used to identify improvements needed. Actions were identified as a result although these needed to be clearer with identified timescales and follow-up. Further analysis of audits was needed to ensure these identified any trends for continuous improvement. The provider had identified trends from other sources. For example, the need to improve communications with people was identified from a survey completed with people. The provider was aware they needed to capture this analysis and learning and had started a process for doing so.
- Feedback on whether the service was well managed from people and their relatives was mixed. One person told us they didn't think the service was well managed and that communication was poor. They said, "Once the carer turns up ok it's fine, I don't want to worry about who is coming tomorrow." Another person said, "It's adequate. If you complain they do something about it sometimes."
- A new system had been implemented to enable all staff to get notified when a policy or procedure was updated or reviewed. The registered manager received an alert if a carer had not confirmed their understanding of the policy. This enabled the provider to be assured all staff were aware of their policies.
- A business continuity plan was in place to outline how the provider will continue to meet people's needs during an emergency. This included Covid-19 and plans for Brexit.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood their role and responsibilities and had met their regulatory

requirements. The providers ratings were clearly displayed in the office.

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

At our last inspection the provider had not sought and acted on feedback from relevant persons to continually evaluate and improve services. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had conducted a quarterly survey with people. They had identified communication with people about their carers running late or changing needed improvement and had taken action on this.
- There was mixed feedback from staff on how they felt about working for the provider. Team meetings were limited due to Covid-19 but the registered manager and provider had kept staff up to date with their news flashes. A survey had been completed with new staff at the end of their training to gather their views on the induction process. The registered manager told us how staff were asked for their feedback during supervisions, but these had been on hold due to Covid-19. The provider was developing a new staff survey as they found their last one did not ask the right questions as it prompted mainly yes and no answers.
- The registered manager and nominated individual told us how they kept in touch with current guidance through signing up to news bulletins. For example, from leading health and social care organisations such as Skills for Care and NICE. They had attended virtual managers forums during Covid-19 to network with other providers.
- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. This included, people's district nurses, GP's, dieticians and occupational therapists. For example, one person's dietician had been in touch with the registered manager for their advice on working with the person and their relative.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was working hard to promote an open and positive culture with staff following a number of senior staff changes in the service. Staff told us they could raise concerns with the registered manager and that they were approachable. Staff felt supported in their role and could go to the registered manager for advice if needed. People told us they could contact the office if they had a complaint. New care documents promoted a person-centred approach from the information they gathered about people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities in respect of the duty of candour. They had informed the relevant people of any incidents or accidents. In these instances, people were given a letter of apology when things went wrong.