

Select Care Services Limited

Select Care Services Limited - 109 Coleman Road

Inspection report

109 Coleman Road
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Date of inspection visit:
22 March 2019

Date of publication:
15 May 2019

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: Select Care Services Limited is a domiciliary care agency. It provides personal care to older adults and adults with learning disabilities and mental health conditions living in their own homes.

People's experience of using this service:

- People told us they were safe. Risk assessments were in place and were reviewed regularly.
- Staff were trained in recognising signs of abuse and knew how and where to report it.
- Safe recruitment procedures ensured that suitable staff were employed.
- Medicines were managed safely by trained staff.
- Staff ensured the spread of infection was prevented by using good handwashing techniques and the use of personal protective equipment (PPE) such as gloves aprons and hand gels.
- People's choices, lifestyle, religion and culture and health care needs were all included in the care planning process.
- People were supported to access health care services when they needed them, and the service worked in partnership with healthcare professionals.
- An induction and training program ensured staff had the knowledge, skills and confidence to do their job.
- A pre-admission assessment meant the service was confident it had the right staff available to support people prior to care starting. Regular care reviews and vigilant staff meant changes in people's needs were promptly recognised and actioned. People's needs were met by good planning and coordination of care.
- People received care in line with the law and guidance and were supported in the least restrictive way possible.
- People received care from staff who were kind and compassionate. People were fully involved in their care.
- The service had worked in partnership with people to overcome communication barriers, helping people to express themselves.
- A diverse range of religions and cultures were supported and respected across the whole service. Staff promoted and supported independence and provided dignified care.
- The service recognised where extra support for people would be beneficial to health and wellbeing and had implemented a scheme to support.
- People, their relatives and staff found the provider and management team approachable and supportive. Complaints were investigated and resolved promptly.
- The provider and registered manager had an effective quality monitoring processes in place which meant they maintained good oversight of the service. We saw that learning and development was encouraged, and staff felt confident in their role.
- The provider, registered manager and management team all worked in partnership with other professionals to ensure good outcomes for people.

Rating at last inspection: This service was previously rated good on 3 and 4 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service is rated good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, 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?

The service remained safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective
Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring
Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led
Details are in our Well-Led findings below.

Good ●

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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: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is older people and dementia care.

Service and service type: Select Care Services Limited is a domiciliary care agency, it provides personal care to older adults and adults with learning disabilities or mental health conditions living in their own houses. At the time of the inspection there were 101 people receiving support with personal care.

The service had a manager registered with the Care Quality Commission. 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 visit because the manager is often out of the office as part of their role. We needed to be sure that they would be in.

Inspection activity started on 21 March and ended on 22 March. We visited the office location to speak with the registered manager and office staff; and to review care records, policies and procedures.

What we did: 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as

notifications. These are events that happen in the service that the provider is required to tell us about. We also contacted the local authority and Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered.

During the inspection we spoke with seven people who used the service and nine relatives. We had discussions with ten staff members including the registered manager, compliance officer, recruitment and training coordinator, staff coordinator and five care workers.

We looked at the care records of three people who used the service. We also viewed records in relation to the management of the service including, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information. We looked at compliments and thank you cards from people and their relatives from a diverse range of cultural and religious backgrounds.

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. One person said, "They [staff] make sure it's safe." Another person told us, "The care is safe and dignified."
- Staff were trained in how to recognise signs of abuse and knew how and where to report concerns. Relatives told us staff had shared concerns appropriately.
- The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns.

Assessing risk, safety monitoring and management:

- Risk assessments were completed before people received care and these were reviewed regularly and when people's needs changed. One person told us, "They [staff] came and spent a long time with me doing risk assessments. I am very aware of safety around falls." Another person told us they had experienced less falls since using the service.
- Staff told us that they were informed by the office if there were any changes in identified risks for people and that the files in people's homes were updated.
- There was a 24 hour on-call system in place to cover any emergency situations. This meant that people and staff were well supported outside of office hours. Staff also had access to emergency care staff to assist on site if needed.

Staffing and recruitment:

- There were enough available staff to meet people's needs. There was a contingency plan in place that meant floating members of care staff were available from early morning until late evening to cover sudden staff illness or leave and emergency situations. There were also surplus hours available amongst staff to ensure holiday periods were covered.
- The office team had implemented a form to be completed by staff well ahead of popular holiday times to allow for forward planning.
- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely:

- Medicines were managed safely. There was sufficient detail in people's care plans to support them with medicines. Staff knew what to do and who to contact if things went wrong. One staff member told us, "Any

errors we would report immediately to the office and seek medical advice."

- Staff were vigilant in monitoring people's support needs around medicines. For one person staff had identified a mobility issue was restricting a person's independence to take their medicines and alerted the management team. The person was gifted a specialist beaker to ensure they could take their medicine effectively and independently. Staff had continued to work in partnership with the GP to ensure the person was adequately supported with medicines.

Preventing and controlling infection:

- Staff had personal protective equipment (PPE) readily available to them. We saw that staff called into the office to collect supplies of PPE when they needed. People told us that staff used PPE appropriately.

Learning lessons when things go wrong:

- We saw evidence of learning from experience. For example, the registered manager identified there had been a delay in the sharing of information from staff that they felt could have assisted with an internal investigation. As a result of this all staff were offered reassurance and advice on the support they could expect when sharing information or reporting concerns to the service.

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:

- People's care needs were assessed and detailed in their care plans. This included lifestyle choices, religion, relationships, culture and diet. One relative told us, "It's a very personal care package and we had our input, they [staff] helped from the start and did not rush us. They [staff] got the right staff, [person] can only speak a little English and they [staff] got people who could speak with [person]."

Staff support: induction, training, skills and experience:

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. Staff told us they received specialist training if a person had a specific need that wasn't covered in the training programme to ensure care was person-centred. A relative told us, "[Relative] has eye drops and they have trained staff, so they can all do this now."
- Staff told us they were paired with an experienced member of staff when they first started their role.
- Staff received regular spot checks, supervisions and appraisals. Where supervisions and spot checks had identified a need for further training this was arranged and delivered promptly.
- Members of the office team had qualified as trainers. This meant that the recruitment and training coordinator had access to extra trainers when needed and these staff could be deployed into the community to offer support and guidance to care staff.
- The registered manager had created an area in the office reception where staff could access learning resources such as fact sheets on urine infections, strokes and asthma.

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

- Care plans detailed people's likes, dislikes and specialist diets. Relatives told us staff prepare people's meals and support people's cultural choices. For example, "They [staff] can even make [person] an Indian-style pot of tea now which is really good."
- Staff told us there is enough time on their visits to ensure people who need assistance are supported to eat.
- Staff worked together and with people and relatives to identify issues and suggest creative solutions. For example, staff created a personalised menu of familiar and favourite food for one person who was identified to be at risk of poor nutrition. This encouraged the person to make varied and healthy food choices. We saw a compliment from a relative who described this as a 'brilliant idea'.

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

- People were supported with their healthcare needs. Staff had supported people to access healthcare services and were working in partnership with occupational therapy, GP's and the district nurse team. One

person had been supported with access to occupational therapy that had resulted in them receiving new equipment to assist them to be more independent. A relative told us, "The district nurses call out to check things, they [district nurse and staff] link up and read each other's notes."

Delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance:

- People were receiving 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 make 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.
- The management and staff team had a good understanding of MCA, they were working within the principles of the MCA and people were supported in the least restrictive way possible. Staff told us that people had the right to refuse care and treatment and must not be forced to do anything they don't want to do.
- We saw that care plans and consent to care forms were signed by people or others acting lawfully on their behalf.

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 and promoting people's privacy, dignity and independence:

- The registered manager had implemented a new initiative known as 'Select cares'. As part of this initiative the service identified a need that people using the service would benefit from and gifted something to them. We saw that gifts had included complimentary care hours to support people with an activity of their choice, communication boards one of which was bespoke made and flash cards to assist people to engage and communicate. We saw feedback from people and their family to say that this had a positive impact on people's wellbeing.
- People were cared for by staff who were kind and caring and people had developed positive relationships with their staff. One relative told us, "[Person] likes them very much, [Person] recognises them despite their [condition] and smiles, it's mainly regulars who are a good team." Staff spoke kindly about the people they worked with and enjoyed their role supporting and caring for people.
- Staff got to know the people they were supporting so they were able to recognise signs of concern and take prompt action to increase support. We saw that a family member had praised staff for taking action in this way. Relatives told us they were informed if staff had concerns regarding people's health.
- People were respected and supported to be as independent as possible. One person told us, "They [staff] are very respectful, they respect my independence, I don't want them to take over." A relative said, "[Person's] care is done with dignity and they chat and sing along and make it private." A staff member described maintaining people's dignity as ensuring doors were closed and allowing people privacy.
- People's records were stored securely in locked cabinets and on electronic systems.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity:

- People were supported to express their views. There were seven different languages spoken by the staff and office team and people were allocated staff that could speak their own language. Members of the office team who also spoke the same language as people were identified as a key contact. This meant that people could be assured there would be someone available to speak with them when needed.
- People and their relatives were able to meet and interview their own staff before agreeing to care, we saw that one family had chosen to do this.
- People were involved in the planning of the visit rota, one person called the office team regularly to discuss their visit requirements.
- Information was available to people in different formats, including large print and alternative languages. This meant people could understand the care they could expect and be involved in the process.

Is the service responsive?

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:

- A pre-admission process was in place to ensure people's needs could be met prior to the service starting. Staff considered risks to people along with their health and social care needs, choices, preferences, religion and culture. From the information gathered a plan of care was produced and the best match of staff was sourced.

- Care plans were completed and reviewed regularly with the involvement of people using the service and their relatives, when appropriate. One person told us, "Someone came around and involved me and listened to what I wanted... the times were all agreed with me... and they [staff] are keeping to them."

- The registered manager had started to produce personal profiles for people, containing more detailed information to compliment care plans. For example, how people liked to take their tea and more detail on family history or hobbies. This was a new process and would need to be continued and embedded in practice.

- People were supported with their activities and interests. For example, people had been supported to visit the cinema and go out for meals.

- Staff visit schedules showed that people received support from regular staff that knew them well. One relative told us, "Select Care give [person] continuity of care, they send the same carer each night and then just one night is different."

- An electronic system alerted the office team if carers had not arrived for their visit or were running late. This meant that people could be assured that their visits were monitored, and the risk of a missed call prevented. One person told us, "Generally they [staff] are on time. I'm not left wondering, they let me know if they are running late."

Improving care quality in response to complaints or concerns:

- A complaints procedure was in place and was included in the Service Users' Guide. Records showed that complaints had been managed appropriately and action was taken to drive improvement. We saw that a complaint had prompted the training coordinator to review training and incorporate extra support into the induction and training program.

End of life care and support:

- End of life plans were put in place when needed. Information included people's preference and choices around their care.

- Training in end of life care had recently been introduced into the induction and included end of life practices for various religions and cultures. Further training was planned for all staff, this would need to be continued and embedded in practice.

- We saw thank you cards from relatives praising staff for their support with end of life care.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care:

- The registered manager and provider had driven learning and improvement when things had gone wrong. We saw that complaints were managed effectively and in line with internal policy and procedure.
- The registered manager, provider and management team were committed and passionate in providing person centred care. Work had started on ensuring person centred information was collated and recorded in a way that would engage staff to read it and learn more about the person. One person told us, "They rate between very good and excellent. It's working for me, they will always listen."
- The provider and registered manager had invested in the education of staff. Further learning was widely available and encouraged. Extra learning resources had been sourced to support learning this included an interactive screen that was used to aid training and encourage staff engagement. The registered manager told us that an interactive approach to training had seen a smoother transition from the classroom to working with people and that they had noted an improvement in record keeping.
- The registered manager sought advice and guidance from reputable sources to ensure that they and the service continue to follow best practice. The office team had all qualified as 'dementia friends' and had qualified as trainers in specific areas.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The quality of the service was monitored regularly, this was effective in identifying and driving areas for improvement. The registered manager and provider maintained good oversight of the service via regular management reports and the registered manager maintained a daily presence in the service.
- Staff received regular supervision, appraisal and spot checks. Where extra training was requested or identified this was made readily available to staff and delivered promptly.
- The service notified the Care Quality Commission and local authority of significant events appropriately. Policies and procedures were in place and updated periodically to ensure information was current and supported best practice.

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

- People and their relatives told us they were engaged and involved in the service. One relative told us, "They often let me know how it's going, and we've had a review after three weeks."
- Staff told us they felt well supported and were confident in the management team. One staff member told us, "The registered manager is lovely, I would be confident to raise any concerns with them." A person said,

"They are approachable and interested in my feedback, they ask my opinions."

- Surveys took place for staff and people using the service to gather their views. This information was used to gauge satisfaction and drive improvement. We saw positive feedback about the service.
- Staff were encouraged to make suggestions and there was a suggestion box available. A suggestion about a change to medicine charts had been implemented.
- There were regular staff meetings and meeting minutes were available to staff.
- The staff and management team engaged with the local community and regularly supported fundraising events, we saw that staff and people using the service had attended coffee mornings and events.
- The management team had implemented a form for staff to complete advising what religious festivals or holiday periods were important to them and if they required special consideration around visit times or annual leave. This meant people's visit schedules could be planned in advance to accommodate with minimal disruption.

Working in partnership with others:

- The registered manager, provider and management team had good working relationships with other professionals, people and their families. They worked in partnership to provide the best outcomes for people who used the service. One relative told us, "They [staff] have restored my faith in care."