Second 2 None Healthcare Ltd

Second 2 None Healthcare - Scarborough

Inspection report

Office 6, Falsgrave Community Resource Centre,
Seamer Road
Scarborough, North Yorkshire, YO12 4DH
Tel: 01723 282888
Website:www.second2nonehealthcare.com

Date of inspection visit: 3 November 2015
Date of publication: 14/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 3 November 2015. We gave the provider notice before our visit that we would be coming. This is the first inspection of this newly registered service.

Staff knew people well; however, the registered provider had not ensured that staff were sufficiently trained to meet people's care needs. **This was a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Second 2 None Healthcare-Scarborough, provides personal care for people who live in their own homes, in Scarborough and the surrounding area. The service had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe with the staff. Risks were managed well and gave people freedom, yet protected them from harm. Staff were trained in safeguarding and understood how to recognise and report any abuse. Staffing levels were sufficient and flexible to support people with their care and enable them to pursue interests of their choice in the community. People were supported with their medicines safely.

Staff were supported and supervised in their roles.

Staff had some awareness of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as relevant to services which provide care to people in the community. People were supported to make decisions and choices around their care.

Where the service had responsibility for this, people were supported to have a balanced and appropriate diet. People were involved in planning and shopping for meals.

People's medical and psychological needs were assessed. The service had a positive approach to maintaining good health and wellbeing and the service referred to health care services as appropriate.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People's privacy and dignity were respected and they were supported to be as independent as possible in their lives.

People told us they were happy with the care and support they received. Care professionals told us that staff promoted people's involvement in their care and that they had respect for how well staff promotes people's wellbeing.

People were involved in the planning and review of their care and support and they were supported to express their views. Care was centred around people's needs and the service was flexible and responsive to individual choices. People were supported to pursue activities of their choice out in the community.

Systems were in place to assess and monitor the quality of the service. People and staff were involved in developing the service. Although there had been some unsettling changes to the management team, the registered manager was supportive and visible among the staff team and to people who used the service. Plans were in place to improve the service where shortfalls had been identified. Care plans records did not provide consistently clear guidance for staff to meet people's care needs. The registered manager was aware of this and had begun to make improvements. We have made a recommendation about this.

Summary of findings

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 said they felt safe. Risks were managed in a way that promoted people's freedom while keeping them safe.

Staffing levels ensured people could follow their preferred routines and spend time out in the community.

Staff were safely recruited to ensure that people were protected.

Staff understood the safeguarding procedures and knew how to put them into practice.

People were supported to manage their own medicines safely.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were not sufficiently trained to meet people's needs, though they had received brief training in mandatory areas in their induction.

The registered manager understood the implications of Deprivation of Liberty Safeguards (DoLS) as it may affect those using the service. Staff had some understanding of the requirements of the Mental Capacity Act 2005 and DoLS.

People were supported to make decisions and choices in relation to their care.

People's had access to healthcare services when they needed them.

People were supported to have a good diet.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring. Staff had developed positive enabling relationships with people.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People told us they received the care they needed. Care had been discussed and agreed with people.

Staff worked flexibly to ensure people received the care they needed when they needed it.

People were supported and encouraged to give their views and contribute ideas. They were listened to and staff acted on what they said.

People knew how to raise complaints. Their complaints were acted upon and the service learned from them to improve the care people received.

Summary of findings

Is the service well-led?

The service was well led. People and staff were involved in developing the service.

Care plan records were being updated, however some were insufficiently detailed or reviewed to support staff to give the care people needed.

There was good leadership which had reduced the potential negative impact on people arising from a change in the management team.

Systems were in place to monitor the quality of the service and the registered manager had developed a plan to address identified shortfalls.

Requires improvement

Second 2 None Healthcare - Scarborough

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 3 November 2015. The provider was given notice because the location provides a domiciliary care service and we needed to speak with the registered manager and care workers at a time when they were not out supporting people who used the service. One adult social care inspector carried out the inspection.

Before the inspection visit we reviewed the information we held about the service. We did not request a Provider Information Return (PIR). The PIR 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 reviewed notifications we had received from the service since the last inspection.

During our visit to the service we reviewed care plans for four people and recruitment, supervision and training files for four care workers. We looked at the training matrix, questionnaires and other records related to the management of the service. We spoke with the registered manager, the training and development manager, two office managers, a deputy manager and two care workers**.** During the inspection visit we spoke with one person who received the service and one relative of a person who received the service. After the inspection we spoke with another person who used the service, and a relative of a person who used the service. We also spoke with two health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe with staff. They described measures that were in place to keep them safe which they said had been discussed and agreed with them. For example, one person told us, "Yes I feel safe, they have a key so I know I don't need to worry about answering the door." Another person said, "I like that they call me if they are going to be late, then I stop worrying." A relative said, "Staff are there three times a day so I don't need to worry that [my relative] will have fallen because there is always someone visiting soon." Regarding medicines, a relative told us, "They call me straight away of there is a problem with them not taking medicines as prescribed, I know I can rely on them."

Although care plans varied in quality, all provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us about how risks were managed which reflected the information seen in the records. We found staff had a positive attitude to risk taking, which allowed people to take risks safely. For example, we heard that people were supported to take part in activities in the community and that plans were in place to ensure the risk were minimised. We heard from staff about a risk plan which addressed one person's variable mental capacity. This increased the level of support for them so that they could safely continue to visit shops and cafes. Some care plans however contained only brief information about how risks were to be managed which did not give staff sufficient guidance to manage situations. However, staff told us that risk strategies had been fully discussed with them and they knew how to care for people safely, despite there being insufficient written detail in place.

The registered manager and training and development manager told us that safeguarding was discussed with staff in their regular visits to the office and at supervision. All staff had received safeguarding awareness training though some training was out of date. Some staff had training in how to manage behaviour which may challenge others. Staff had a good understanding and knowledge of safeguarding. Staff knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by the management team. Staff were clear they would have no hesitation in reporting any concerns and were aware of whistleblowing procedures and how to use them.

Our discussions with staff showed that staffing levels were sufficient to meet the needs of people supported in their own homes. Staff told us that at times when a crisis arose then their schedules were affected which could have a negative impact on people who received a late visit, though they tried to prevent this from occurring by leaving sufficient time between scheduled visits. The registered manager said there was a consistent core of care workers who had worked for the service a long time. Two care staff told us that they had never considered working for any other organisation as they felt well supported in their role. Staffing levels were monitored and were flexible to ensure that for most of the time, people received support when they needed it. Staffing levels were planned in relation to people's needs, and may for example mean that more staff were on duty if people had more complex needs or if outings or activities were planned. Staff told us that staffing levels enabled them to support people to lead active lives in the community and follow their interests safely.

We looked at the recruitment records for four members of staff. Each applicant completed an interview process which tested the applicant's knowledge, values and behaviours. We saw essential checks had been completed for each member of staff such as two references and a Disclosure and Barring Service check (DBS), (this is a check to ensure that the service does not employ people who are known to be unsuitable to work with vulnerable people). Staff confirmed this recruitment process had been followed.

We examined the way in which medicines were managed. We saw that the service had a policy on the safe handling of medicines. Staff told us they followed this. All staff received safe medicines handling training in their induction and they received specific instructions from care staff they were shadowing before they worked unsupervised. Further medicines training was not up to date for all staff, however the service was making a priority of ensuring that essential training was completed and had recruited a training and development manager for this purpose. Medicine competency was assessed during spot checks to ensure staff practice remained safe. People's medicines were not always recorded on care plans, which caused the potential for error. However, staff told us they used charts kept within

Good

Is the service safe?

each home as a guide. Medicine records were kept in each person's home and were archived in the main office. We were able to check archived records which showed that staff had signed for medicines correctly. Records showed that the right medicines were given at the right time.

Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed, if this was part of their duties. Staff told us that reviews were to ensure medicines were suitable and safe for current needs. When we spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw that a number of staff had received mandatory training in this area. Staff who had not received this mandatory training had received specific instruction during induction and shadowing. Staff told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

Staff told us they had been issued with torches and personal alarms to protect their safety in the local community. The service had a lone working policy and staff told us that there was always a member of the management team on duty for them to call for support at any time they were on duty.

Requires improvement

Is the service effective?

Our findings

The registered manager told us that most care workers had received induction that included training in all the essential areas of their work. Records of induction training showed that a number of staff had completed the care certificate as part of their induction and that this covered all mandatory areas of training in brief so that staff became familiar with these areas of competence. Care workers told us their induction training had been very useful and they confirmed that it included training in health and safety, safeguarding adults, manual handling and other areas essential to their work. However, not all staff had received this training. Also, training in mandatory areas was not always up to date, and we noted significant gaps in some staff records. The service had made moving and handling, medicines training, infection control and food hygiene a priority, however not all staff training was up to date in these areas either. The training records were not complete. We received concerns about this from an anonymous source and the registered manager recognised this was a problem which needed to be addressed. The service had a new training and development manager who had only been in post since the day previous to the inspection visit. They were able to show us a training matrix which highlighted areas where training needed to be updated. They had drawn up a training and development action plan which addressed the training needs of staff. They told us that the registered manager would be discussing specific training needs with individuals during their supervision sessions. The registered manager acknowledged the need to provide further training for care workers to ensure they had the skills to offer care which met people's needs. Training had all been provided in house until this point. However, the training and development manager had plans to vary this according to staff needs. For example they were about to book external moving and handling training, and were researching accredited training providers for other training topics.

Staff had received induction training in the Mental Capacity Act (2005) (MCA) which covered this briefly but nothing further. Those we spoke with had some understanding of the main principles of this. Any member of staff working with people who may lack capacity to make some of their own decisions must work within the MCA and follow the code of practice. As staff who support people in their own homes are often the first people to notice a change in a person's mental capacity it is important that they have a working knowledge and understanding of the main principles of the MCA. The training and development manager had developed a comprehensive MCA training presentation for staff which drew on their professional expertise in this area. The programme had yet to be delivered.

The registered provider had not ensured that staff were trained to enable them to carry out the duties they are employed to perform. This was in breach Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives expressed positive views about the effectiveness of the service. All the people we spoke with said they were pleased with the support they or their relatives received. One person said, "They really notice how well I am and they are straight onto it if I seem off colour. They have been great at getting the GP and sitting with me until they turned up." One person said, "They help me with my meals, and make sure I get what food I fancy each day". One relative said, "They are brilliant at getting in touch with [health professionals] when this is needed, and that gives me great peace of mind."

Any applications for Deprivations of Liberty Safeguards (DoLS) regarding people in the community must be made to the Court of Protection. Deprivation of Liberty safeguards are put in place to protect people who may have limited capacity to make decisions for themselves. The registered manager told us that no applications had been made to the Court of Protection for existing users of the service and there was therefore no requirement for them to comply with a Court Order.

The registered manager told us that all care workers received regular supervisions and appraisals. Staff told us that supervision was an opportunity for staff to discuss their developmental needs and any issues that affected their work. Records confirmed that staff received regular supervision and annual appraisal. They confirmed that they visited the office of the service each week for an informal review of their work and to discuss any issues. They told us this was a useful opportunity to pass on any concerns about individual care and to request any support they may require.

The registered manager showed us spot check records relating to care worker's competence carried out through

Requires improvement

Is the service effective?

observation of care practice. We noted that in all the spot check records we looked at, the registered manager had recorded when care workers needed further instruction around assessed areas of work.

The policy and procedure around restraint stated that this would only be used as a last resort. However, staff had not received training in how to safely restrain a person. The registered manager stated that in practice the staff would not carry out restraint. The training and development manager told us that restraint as a last resort would be part of the MCA training they would deliver and until then they would amend the policy and staff would not operate restraint at any time.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records showed that people

were involved in making decisions about their care and support and their consent was sought and documented. Care workers displayed a good understanding of how and why consent must be sought to make decisions about specific aspects of their care and support.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been incorporated so that staff had the information they needed to meet people's needs. We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent. Risk assessments related to health care needs were in place, for example for choking, pressure care and falls so that staff had guidance in these areas. A social care professional told us that they respected the way the service agreed to care for people who sometimes had complex physical and mental health needs. They told us the service did so in a sensitive and responsible manner, understanding the limits of their skill and expertise and when they needed extra support.

Where the service was responsible for needs relating to eating and drinking care plans included instructions for staff on how to meet people's needs. Risks were assessed and guidance from health care professionals such as the Speech and Language Therapy team (SALT) was included. The registered manager told us that most of the people who used the service did not have nursing needs and that no care plans required staff to monitor people's food or drink on a chart. Where relevant, care plans included specific instructions about healthy eating plans, shopping arrangements, prompts for care staff to monitor the freshness of food and to dispose of out of date food.

Good

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about their care workers and typically described them as "kind and caring". This view was confirmed by the relatives of people who received the service. Comments we received included, "They are fabulous, I don't know what I would do without them." And, "They are kind and helpful. They have been so sympathetic with me and if there is a problem they make an extra visit and stay for longer." One person had written, "Your caring and friendly manner over the years became an essential part of our daily lives." Another person had written, "The staff are very considerate and kind." Another had written, "You should be proud of all your [staff]…they are ambassadors of everything you do." We did not observe any interactions between care workers and staff, however, care workers talked with us about the people they supported with respect and compassion.

People's privacy and dignity was respected. People told us that their care workers respected their wishes and relatives confirmed this. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, as for example with their choice of meals and food. We saw that the new care plans contained good assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them. Older care plans had brief details about this.

Some staff told us that they had completed equality and diversity training as part of the care certificate, which covered how to treat people with respect in relation to gender, disability, race or cultural belief. This also covered how to offer person centred care which respected people's dignity. However, not all staff had received this training, and a significant number of had received previous induction which was not clearly recorded. Records of those staff who had completed the care certificate confirmed this. Despite this, staff told us that they always placed the person in the centre of care and considered what the experience of care was like for each individual. One member of staff said, "I never leave until I know that the person is settled. I know I have certain jobs I need to do, but the most important thing is making sure people are not rushed and that you give them the help they want on that day." Another member of staff told us, "A smile and a few words sitting with someone can make them feel better. They are people and we treat them like that, not as tasks."

People were supported to maintain relationships with their families and friends. One relative told us. "The difference for us has been huge. Our relationship is better because we don't have all the day to day jobs to do. We can enjoy being with [the person] more because of Second 2 None." Another relative told us, "They give me regular updates which puts my mind at rest."

Relatives of people told us the registered manager and care workers responded quickly to their requests for assistance. One person said, "I know I can call the office whenever I need help. I have done this and the registered manager came here straight away." A care worker said, "I always ask people if there's anything else they need me to do for them over and above what's on the care plan."

The service respected the confidentiality of people using the service. People told us that they were sure their care workers did not share information about them inappropriately with other people and respected their confidentiality. Care workers confirmed this with us. Care workers told us that they made sure that confidential information in people' house was securely stored and that the information in the office was kept locked away in secure filing cabinets.

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Good

Is the service responsive?

Our findings

People told us that staff supported them to make choices such as what clothing they wished to wear, what food they wanted to eat or what they wanted to do. They told us they had been involved in drawing up their care plans. We asked about complaints. All said they were confident to raise concerns. One person told us they had raised a concern and that this had been dealt with politely and quickly. One person said, "They are fabulous." One relative said, "They really do go that extra mile." One relative told us, "I couldn't fault them at all. They are top of the mountain for me." Another person had written, "I am sure your visits have helped [my relative] to cope and live their life as full as possible."

Care plans were available for all people who received the service. Some care plans were in an old format which did not give detailed information for staff to meet people's care needs. However, new templates were being introduced and a number of care plans had been drawn up with a complete reassessment of needs. The new care plans were person centred with a focus on supporting people to live as independently as possible. Details included the support people needed such as with clinical needs, washing and dressing or preparing a meal, support with their mental health or with their social and cultural needs. Staff told us that they got to know people gradually over time and learned about people's histories as part of their day to day work with them.

Reviews of care were available on the new care plan format, which showed how the plan had changed along with people's needs. Reviews were less well recorded on the old format. Daily records provided detailed information about each person's need. Staff were able to review these records over time and identify when people may need additional support. The registered manager told us they discussed with the local authority or other contractors when people required more or less support to ensure the care was appropriate for people's needs. A social care professional told us that the service were very good at managing changing needs, and were able to deploy staff well so that people received the care they needed when they needed it. "I have a lot of time for them, they do a really good job with people who sometimes need intensive support. In some cases they are the reason the person can remain in the community."

One relative told us about how the registered manager had arranged for more funded support when they noticed that their relative's care needs had increased. Another relative told us the service had worked very well to reduce a person's level of anxiety around hospital admission and had made an "amazing difference" to their experience, accompanying them and passing on appropriate information. This they told us was in comparison with another time before the service was involved, when an admission had been distressing for the person. This showed that the service was responsive to changing needs and supported people to move smoothly between services.

People told us that the care workers supported them to access interesting and engaging activities such as visits to a local garden centre for lunch, shopping trips into town for planned food shopping, and to accompany people to clubs and day centres. One relative told us that a weekly trip to a department store with staff was a "lifeline" to the person and really helped with their mental wellbeing.

We asked how the location and scheduling of visits worked. One care worker said, "Mine are fine". They told us their schedule for the day usually allowed them to arrive on time for each person, however, they told us that because of people's care needs which varied, they sometimes needed to stay later at one place which sometimes meant that they ran late for a whole morning or afternoon. "If the office can reroute another worker that's fine but often we just need to say sorry to people and hope they understand that we would stay to help them if they needed it too." This meant that people sometimes needed to wait for their call which could sometimes have a negative effect on them. For example, one person told us, "Sometimes they come late for the morning call, and then early at lunch time, which isn't good for me." This person told us that staff always rang ahead to let them know of any delays.

People were sent survey questionnaires every six months and received a telephone call between these dates to ask about the quality of service. The surveys and call records detailed the actions taken in response to concerns or requests to improve the service.

The service had received several comments over the last year, congratulating and acknowledging the care and support people had received from the service.

Since the last inspection the service had received a number of complaints. We reviewed these and found they had been

Good

Is the service responsive?

investigated thoroughly, with a written response. The registered manager explained these had been reviewed to establish whether there were any key themes or anything they could learn from the complaints. This showed they were open to and acted on complaints received.

Requires improvement

Is the service well-led?

Our findings

People told us that they liked the registered manager and that they often visited them to make sure people were satisfied with the service. People told us about how the manager was reliable in a crisis and how they would often work a shift to find out what care people needed. One relative told us, "The manager is just wonderful. I have all the time in the world for them. They have meant I have peace of mind." Another person told us, "The manager comes to see us. They stayed with my relative while we were waiting for back up assistance one day. You don't find many managers who will do that."

There was a registered manager in place for the service. There had been a number of changes in the management team in the past few weeks, which staff told us had caused some unrest and anxiety. However, a new management team was now in place and staff told us that they were getting used to the new faces at the office. One member of staff told us, "They want to improve things for us and the people we care for, which is a good thing and we will get used to the change." Another member of staff said, "They have kept us informed all along the way, but it has been difficult because the change has been huge."

All care plan records were not of a consistent standard. We received anonymous concerns about the quality and consistency of care plans. The registered manager recognised that this was an area which needed improvement. The older style of care plans did not include sufficient information about how people were to be supported with their personal care and health care needs and these plans were not kept under regular review. In some plans there were insufficient details about people's social, cultural and recreational needs when the service had responsibility for supporting people in these areas. Care plans did not contain sufficient detail about people's life histories, though they did cover significant people in their lives and important contact information. Care plans were being replaced with a new and comprehensive format, but this work was not completed.

We recommend that the provider consults best practice advice on providing care plan records and reviews which support staff to give the care people need.

Staff said that if they had any concerns they could talk with the registered manager. One care worker said of the management team, "They encourage you to call if you need advice or support any time and that includes evenings and weekends. They are really good." Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave. The registered manager told us that every member of staff was invited into the office each week so that they could see the management team face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team. These weekly visits to the office took the place of staff meetings, which, because of the wide geography of the areas, were not practical to arrange regularly.

The service was located in a community resource centre which hosted clubs and social gatherings, accessed by some of the people who used the service. The registered manager told us of a time when they used the community room for a celebration to which people who used the service were invited. This promoted people's involvement in the local community.

The registered manager was aware of the requirement to submit notifications to CQC for arrange of incidents and situations. Some notifications had been sent to CQC as required, however, there were a number of incidents recorded at the office which CQC should have been informed of but had not, for example, a police incident. The register manager acknowledged that they had not realised the need to inform CQC of these incidents but would do so in future.

The manager had a quality assurance system in place. We saw a number of examples of spot checks on the quality of care staff gave. Included in the spot checks were assessments of infection control practice, medicines handling and moving and handling techniques. Care plans were being updated to provide a more person centred approach and the registered manager had recruited to improve the quality of support for staff around training and development. Records of telephone and written surveys were kept with details of actions and improvements for people in response to these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider had not ensured that staff were sufficiently trained to meet people's care needs.**