

Kent Social Care Professionals Limited

Kent Social Care Professionals Trading As Bexley SCP

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on the 7 and 8 December 2015 and was announced. Bexley SCP domiciliary care agency was registered with the Care Quality Commission on 1 February 2013. At the last inspection in 2013, the service was meeting the legal requirements at that time.

Kent Social Care Professionals Ltd – Bexley SCP is a domiciliary care agency that provides care and support for people living independently in the London Borough of Bexley and the surrounding areas. At the time of this inspection 148 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

At this inspection we found a breach of regulations because some records were unclear and not up to date / complete. They did not always provided clear information and guidance for staff on how to support people to meet their needs. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

We found the service had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People using the service said they felt safe and that staff treated them with kindness and understanding.

Appropriate recruitment checks took place before staff started work. People had access to health care professionals when they needed them and were supported, where required, to take their medicines as

prescribed by health care professionals. Staff had completed training specific to meet the needs of people using the service and they received regular supervision. The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary and other essential support needs.

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service although management oversight of the service required improvement. These included annual satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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?

The service was safe.

The provider had procedures in place to protect people from abuse and unsafe care. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

People using the service and staff told us there was always enough staff available to them and they mostly turned up on time. When staff were late, most people said that staff called beforehand to explain the reason for the lateness.

Where appropriate people were supported to take their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People said they had been consulted about their care and support needs and that they had been treated with kindness and compassion in their day to day care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was not always responsive.

Records and documentation held at the office were not always clear and detailed meaning that staff did not always clearly identify the level of care and support that should be provided to people using the service.

Requires improvement



Summary of findings

Assessments were undertaken to identify people's support needs before they started using the service.

Regular staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

An aspect of the service was not well-led.

We identified some breaches and some areas for improvement although most of these had been identified by the new provider and work had started to address these areas.

The provider took into account the views of people using the service and staff through surveys. There were systems in place to monitor the quality of the service and make improvements where needed.

Staff said they enjoyed working at the service and they received good support from the manager and office staff.

Requires improvement



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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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 7 and 8 December 2015 and was announced. The provider was given 48 hours' notice

because the location provides a domiciliary care service and we needed to be sure that the manager would be available. The inspection team comprised of two inspectors. One inspector attended the office on both days of the inspection and interviewed staff and visited eight people using the service on the second day. The other inspector made telephone calls to people who used the service, health care professionals and staff.

We looked at the care records of 12 people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with a total of 17 people using the service, four relatives, nine members of staff and the care and registered manager. We also spoke with a number of health care professional and asked them for their views about the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I know that I am in safe hands with my carers. They know me well and cater for my needs and wishes. The ladies are marvellous.” Another person said, “I feel safe. They are nearly always on time and always wear a uniform and have their ID card showing.” People told us they have regular carers during the week which helped them to feel confident and safe with the carers.

The service had safeguarding and whistle-blowing policies in place and all staff had up to date training on safeguarding and whistleblowing procedures. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a home setting and explained what they would do if they suspected abuse. Two carers told us they had reported a safeguarding concern and this had been escalated immediately. The care manager was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when suspicions of abuse were reported.

We looked at personnel files of seven members of staff and saw that appropriate recruitment checks had taken place before they started work. Application forms had been completed documenting the qualification and experience of the applicant. There was documentation supporting an applicant’s full employment history together with at least two references and a satisfactory explanation of any gaps in employment. There were completed identity and criminal records checks made before staff started work. All of these checks supported that the person was suitable to work for the service.

Staff and the manager said that there were always enough staff on duty to support people. We saw records that supported this view. However, some people told us that generally there were enough staff but that sometimes, at weekends, there was a shortage of staff and some visits could be rushed. One person said, “Sometimes I feel rushed when it’s not my usual carer and this can happen more often at weekends.” A member of staff said, “There can be problems with the way the visit routes are set up and when staff call in sick. This can mean that we don’t spend as much time with clients as we’d like.” We brought this to the attention of the manager and provider during the inspection. They told us this was a historical issue and

the current staff group were now more stable, meaning that staff were not rushed. We were also told that new technology had been introduced to monitor times of staff visits on people and some staff had encountered difficulty with the new system and this had led to confusion and some late calls. We spoke to staff who agreed with this explanation and told us how initially there had been delays as a result of systems the provider had introduced. We also considered records the service had obtained from monitoring the new system and these showed improvements in the timings of calls.

One person said, “Staff nearly always come on time but you have to take the London traffic in to account. If they are running late they always call me so I know where I stand.” Another person said, “They do what they are supposed to do and are on time and efficient. Before they leave they always ask if there is anything else they can do and quickly go around checking that everything is in place.” The manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend activities or health care appointments, additional staff cover was arranged.

People could access support in an emergency. We saw that one person had a contact system in place in case of issues between visits from carers. If called, the office at the service would dispatch a carer. When we spoke to the person who used the service they said, “I just press this and the office will call. It’s a good system and gives me reassurance.” We saw that people’s care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people’s homes relating to health and safety and the environment. In addition there were regular checks to ensure that people ate a healthy and balanced diet.

Most of the people we saw and whose files we considered were managing and administering their own medicines. Where people were being supported with medicines we saw that records and audits were completed to ensure that people took their medicines as prescribed by health care professionals. Medicines were stored in a secure cabinet within the home. One carer told us about the medicines training they had undertaken so they could administer medicine from blister packs. They described how they had

Is the service safe?

escalated a concern following a new medicine being prescribed and the support they received to ensure this was administered safely. One health care professional said,

“Yesterday the carers identified a medication error following the issuing of a new prescription. As a result of their action the person received the correct medication and came to no harm. They dealt with the situation really well.”

Is the service effective?

Our findings

A person using the service told us they were pleased with the staff and said "I think they are all really good." Another person said, "The staff are usually well trained and know how to move me". A relative said, "I'm confident that she is in good hands. They know how to move her and keep up to date with the health professional's guidance." Records we saw supported that the office attempted to pair people with the most appropriate carer in terms of age and experience.

Staff told us they received training to meet people's needs. Two carers told us about recent dementia training and described how this had supported them in making a referral for a mental capacity assessment and two other carers said that there was training to help them do their job. Other staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. Some of the staff told us they were currently completing a course in dementia care and senior staff were supporting them with this. Other staff had completed NVQ qualifications in adult social care and all staff had completed mandatory training which included moving and handling and first aid. New staff participated in an induction process which included shadowing an experienced member of staff and reading people's care plans. We saw that training records were up to date and included reminders for staff to complete refresher courses.

Staff explained how they had received supervision from their manager and we saw records that showed that staff received regular supervision and appraisals from the registered manager and care manager. One said, "I had my appraisal and could raise issues with the manager." All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in a daily log kept in the person's home. It was clear from speaking with staff that they understood people's care and support needs and that they knew them well.

We received feedback from healthcare professionals about the skills and knowledge of the staff. One health professional told us "Staff are proficient in moving and handling and using equipment such as hoists in the home." Another said, "The carers are good at dealing with my

recommendations and follow the care plan. If they have any concerns they will contact me and we work together to resolve the issue." One health professional said, "They communicate well with people."

Where people required support with issues around the home we saw that staff were effective in providing that support and observed staff assisting people with complex equipment and mobility aids. Speaking about staff, one health care professional said, "They are on board with things around the client's home and I regularly see them assisting with a range of issues including toileting, mobility and cooking."

The service had arrangements in place to ensure that it complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions themselves. The manager told us that all of the people using the service had been assessed as having capacity to make decisions about their own care and treatment. However, there was one person who uses the service who they had concerns about and it was noted that actions were in place to ensure formal capacity assessments and their suitability to live independently was assessed. We considered records in relation to this person and comment further about this in the 'responsive' section of the report.

We were told by the manager and staff that if the service had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005.

People's nutritional needs were met. One person said, "They always make sure I have food and drink before they leave". It was noted that people's care plans included details of their food preferences, fluid intake and any concerns about amounts consumed. A member of staff when referring to a person who uses the service said, "I always keep an eye open for how much she's drinking as I know how important that can be and always encourage her to drink water and the hot drinks I make."

Is the service effective?

People had access to health care professionals when they needed them. One person told us, “My carers are really good and supportive. They recently contacted the local authority and my support worker about my wheelchair. It now fits me better and they support me to get around.” A

health care professional told us, “Staff call on us appropriately especially where there are complex problems and I see them regularly supporting people outside their home at appointments.”

Is the service caring?

Our findings

Many people and their relatives commented that the care provided was good. One person said “They know my issues and I think they really care about me.” Other people told us, “Carers are very nice and caring.” One relative told us they had never had to complain about the care provided as it’s always good. Another said, “They tend to send the same person every time. She’s always got time and I feel that she really cares. I’m happy and I know Mum is too.”

People were treated with dignity and respect. One person said, “The staff always knock and are friendly and respectful.” People we spoke with said that staff did their utmost to protect their privacy and dignity. One person said, “The staff do things how I want them done and I never feel that they are intruders. They always make sure I have food and drink before they leave. They always go that extra mile.” Another said, “The carers respect my privacy, they always help you and “I never feel rushed.” One relative commented, “The staff are concerned about dignity, they cover up my relative and are patient and kind.”

Staff told us that they always protected privacy and dignity and that they worked at people’s own pace. Staff said they knew people’s likes and dislikes. One staff carer told us that they listened to people and gave them choices. For example one person requested to stay later in bed on certain days and that they had worked together to encouraged independence and choice in the person’s daily routine

Staff told us they read the care plan and worked with people including health care professionals to deliver good care. Two staff members described how they helped facilitate and support people to take their medicines. They said, “Sometimes they may refuse but we work with them and communicate with them in their best interests.” All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw at people’s homes.

During a visit to a person’s home we saw carers assisting a person to eat in an unrushed and compassionate way. After the meal the carers were kind and considered and appropriate to the person’s age, experience and disability. The person said, “They know me well. They are really lovely and caring girls. I have issues with how fast I can eat but they never rush me and I always feel cared for.”

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw and the manager confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had been sent to assist a person who was getting used to using a new hoist to assist in having a bath.

People said they had been consulted about their care and support needs. One person said, “We went through everything and set a plan about what my needs were and how the carers were to deliver it. I’m happy with the level and quality of care I receive.” Another said, “The staff are very capable, friendly and polite people and I’m happy with the service.”

Is the service responsive?

Our findings

People told us they received care that met their own individual needs. One person who used the service said, “The staff make sure that the care and support is correct. They listened to me when I had an issue and I could talk to the manager and everything was sorted out.” Another person told us, “The staff help me to be as independent as I can and I am confident that they will act when there is a problem.” However our findings identified that the service was not always responsive to people’s needs and this required improvement.

Each person had been involved in an assessment of their individual needs and had a care plan in place. We saw that care files included care and health needs assessments, care plans, support plans and risk assessments. These assessments covered, for example, moving and handling, mobility, nutrition, communication, medicines and continence. We saw that on one occasion, staff had identified a person’s issue with the fitment of a specialist chair and had reported the matter and liaised with suppliers to achieve a correct fitting.

However, some people’s care files were not always well organised, easy to read and complete. In addition, they did not always accurately reflect people’s current needs so that their capabilities and support they required was identified. For example, in one person’s care file essential information about the person’s needs was not clearly identified. We spoke to the registered manager about this issue who accepted that the file was fragmented and explained that the person in question had gone through three different administration systems during their lengthy involvement with the service. However, there was a risk that staff would not be able to identify the most up to date information needed to provide care for this person. In another example there was conflicting information available to staff about a person’s mental capacity and the level of need and support required. The records we saw supported that the service had acted properly in relation to the person’s issues and had called on health care professionals appropriately but the records were not readily available and staff may have been confused about the person’s abilities and needs.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of this report.

The manager and provider told us that the new owners of the service were due to implement a new easy to read and thorough care and support plan system for people who use the service and that specific mandatory training for staff would be provided. The system had been used successfully at other services controlled by the owner. They said that this should alleviate the concerns we raised and provide a more meaningful and clearer way of recording people’s needs, abilities and support they required. At the time of the inspection we could not monitor the effectiveness of this new system.

Staff knew people well and were able to describe how they met people’s individual needs. A member of staff said, “I know him and really like caring for him. He has some issues with some of the tasks that the health care professionals have set but I know his strengths and weaknesses and together we work it out.”

People said that they were happy with the care they received, knew how to raise a complaint and were confident that the complaint would be listened to and acted upon. They told us that generally they could contact the office and that an on call system was in place for weekends and out of hours. One relative told us, “I had a problem with my plan. They changed things around and together we were able to resolve the issue.” Two people told us that their complaint had been responded to and resolved. Both complaints had related to a change of carer and in both cases the original carer had been put back into place. The records we saw supported that complaints were answered in a timely fashion and were responded to in a clear and appropriately detailed way. We saw that the service’s written complaints policy was sent to people when they started using the service. The policy was clear and had details of who to contact if they wanted to raise issues or complaints.

Health care professionals told us that the service was responsive to people’s needs and they felt they would always try to accommodate them and clients. One said, “We do joint visits together to make sure the placement is right.” Another described the agency as having a good multi professional approach to care and concluded by saying, “The service is very good.”

We saw that on occasions the service supported people to access the community and assisted people to attend day centres and other facilities. A person who uses the

Is the service responsive?

service said, “They are really good and always take me to the doctors and the centre for disabled adults. They take me home when I’m tired and I’m grateful for everything they do.”

Is the service well-led?

Our findings

The registered manager divided their time between the office at this service and two others owned by the provider. During the inspection we were informed that the service had been acquired by a new owner and that the new owner intended to have a single registered manager for each office.

It was noted that the manager had failed to realise the extent of the record keeping issue related to accurate information about the needs of people who use the service. This is documented under the responsive section of this report. It was explained that it was hoped that the new managerial arrangements would help to address the care record problems. However, we could not examine the effects of this new system at the time of our inspection but will review this at our next inspection.

The Care Quality Commission had been informed of a concern about an aspect of the management of the service which was being investigated by another agency at the time of the inspection. CQC will continue to monitor the progress and outcome of this investigation.

The provider did recognise the importance of regularly monitoring the quality of the service provided to people. The manager showed us records of audits and spot checks. These included training needs of staff, care and support plan checks and some out of hours services. It was noted that in one of these audits the manager had noted lapses in training and had booked refresher courses for staff.

The provider took into account the views of people using the service and staff through the conduct of surveys. It was noted that there was good participation in the surveys. The manager showed us completed service user feedback forms and these included positive comments from people and where improvement needed to be made, the actions required were clearly recorded.

However, a number of people who used the service told us that communicating with the main office was sometimes problematic as messages did not always get passed on to carers and feedback was delayed. This seemed to be a particular problem at weekends. One person said, "Sometimes there are communication problems between office and carers but that seems to have improved recently." Another said, "There are regular internal communications issues which is frustrating but (my

relative) is happy with the service." One health care professional said, "Generally it's a good service and staff are conscientious and caring but occasionally messages I leave at the office don't get through to them." We raised this issue with the manager and was told that the newly implemented technology had improved the situation and that staff who had a history of failing to pass messages on had now left the service.

The manager told us that incidents and concerns were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. We saw records of unannounced spot checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care plans. The agency used an electronic telephone monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw the manager and supervisors monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

Staff said that the manager did listen to their feedback especially in relation to caring issues related to people who use the service but their perception was that some staffing issues were ignored. Staff told us of recent route and allocation changes at the service. They said that these changes had caused concern amongst the staff and people who use the service as they have had to get used to a different carer and carers could not spend as much time on visits as they would like. We noted only one complaint from a person and their relative on this particular issue. When we raised this with the registered manager and provider we were told that the new routes and allocations were requested by commissioners of the service. The provider took on board carers' comments and accepted that communication with staff may not have been as good as it could have been on these matters. It was explained that the changes had been imposed shortly after the change of ownership and meetings would be held to ensure staff were better informed. However we were unable to check on this at the time of our inspection.

Staff said they enjoyed working at the service and they received good support from the manager, registered manager and office staff. Two carers said, "Really good company with good support from the office and other staff. Lots of training as well and all this helps us to do our job."

Is the service well-led?

One member of staff said, "I love the office when I come in. Very supportive. We all muck in together as a team. The managers have decades of experience and it's useful to call on that occasionally." Another said, "I am supported and

have been from day one. Making a client's day gives me a real buzz. Knowing that I'm making a difference is really important to me and the staff in the office help me to do that."

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Some care records were not easy to read and did not contain information to ensure that the care provided was appropriate in meeting people's needs.</p>