

# Ms Jean Ann Norris

## Select Care

### Inspection report

15 Main Road  
Collyweston  
Stamford  
Lincolnshire  
PE9 3PF  
Tel: 01780 444443

Date of inspection visit: 18 and 23 March 2015  
Date of publication: 27/04/2015

#### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



#### Overall summary

Select Care is a domiciliary care agency providing personal care and social care support to people in their own homes. At the time of our inspection the service provided approximately 34 packages of personal care and support.

The inspection took place on 18 and 23 March 2015.

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 2008 and associated Regulations about how the service is run.

People felt safe whilst staff were delivering care in their home. Staff were knowledgeable about the risks of abuse and there were systems in place for recording, reporting and investigating incidents.

# Summary of findings

Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Standard recruitment policies and procedures were followed and staff had induction training before they commenced work independently.

Systems and processes in place for the recording of medicines were not adequate or in line with expected best practice.

Staff attended a variety of training to keep their knowledge and skills up to date. They received on-going support, from the registered manager.

Staff knew how to protect people who were unable to make decisions for themselves. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's nutritional needs had been assessed and they were satisfied with the support they received with their meals and drinks.

People's physical health was monitored including health conditions and symptoms, so that appropriate referrals to health professionals could be made.

People had good relationships with staff and were happy with the support they received from them.

Staff enabled people to make choices about their care and daily lives and understood how to respect their privacy and dignity.

People were involved in developing their plan of care and had their own copy. Staff recorded their actions appropriately within the records.

The service had an effective complaints procedure in place. Staff were responsive to people's concerns and when issues were raised these were acted upon promptly.

The provider did not have effective systems in place to monitor the quality and safety of the service.

We found the service was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

This service was not always safe.

Safe systems and processes were not in place to enable staff to record the medication they had administered.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place that were reviewed, in order that staff had up to date information to meet people's needs.

Staffing arrangements meant there was sufficient staff to meet people's needs.

The service followed robust procedures to recruit staff safely.

**Requires improvement**



### Is the service effective?

This service was not always effective.

Staff had received a range of training to keep their skills and knowledge up to date. The registered manager made themselves approachable, and offered additional support.

Consent was sought from people before care was delivered and staff understood the steps to take if people were unable to make independent decisions.

Staff provided people with support with meals, where required, as an assessed part of their care package.

People were supported to access health care professionals when required.

**Good**



### Is the service caring?

This service was caring.

Staff respected people's privacy and dignity.

People who used the service received care and support that met their needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

**Good**



### Is the service responsive?

This service was responsive.

People and their relatives were involved in decisions about their care and their care planning.

**Good**



# Summary of findings

Support plans were personalised and reflected people's individual requirements.

People knew how to make a complaint if they needed to and the provider listened to feedback in order to make improvements to service delivery.

## Is the service well-led?

This service was not always well led.

The service had a registered manager who was supported by a cohesive staff team.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The quality assurance systems in place were not always effective in identifying issues within the service.

**Requires improvement**



# Select Care

## 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 18 and 23 March 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that people were at home and that the registered manager and staff were available.

The inspection was undertaken by one inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They supported us during this inspection by making telephone calls to people.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissioned the service to obtain their views.

We spoke with six people and five relatives, in order to gain their views about the quality of the service provided. We also spoke with four care staff and the registered manager, to ensure that the service had robust quality systems in place.

We reviewed the care records of ten people who used the service and the recruitment and training records of six members of staff.

# Is the service safe?

## Our findings

People were supported by staff to take their medicines safely, if this was an assessed part of their care package. They told us they got their medicine on time and that staff always explained what they were taking. Staff said that people's medicines were dispensed in blister packs from the local pharmacy, which made the administration of medicines easier. The registered manager told us that it was people or their relative's responsibility to ensure that they had adequate supply of medicines. Staff confirmed that they had undertaken training in the safe handling of medicines before they were allowed to administer medication. We saw training records which confirmed this.

Through our discussions with the registered manager, we identified that there were some failings in the recording of medicines. Staff administered the medicines direct from the blister pack, and only signed the Medication Administration Record (MAR) to say they had given the medicines and the time slot in the day that this took place. Records did not show the name or required dose of the prescribed medication. For example, where people were supported to take Warfarin, it was not possible to determine the dose that had been given, as this was not recorded. Where people required more than one medication, it was not obvious what had been administered. If people chose not to take medication for a particular reason, staff could not identify on the MAR chart what medication this was. Although the records in use showed that people were having their medicines, it was difficult to establish if any of the medicines were time specific and whether they were all accounted for. The lack of recording of the types of medication and prescribed dose could mean that people received the wrong medication.

We also looked at medications that were to be given as and when necessary (PRN). One person's MAR chart showed that a course of antibiotics were given as required and we saw no missed signatures. It was however unclear from looking at the medication records as to when the PRN medication should be administered as it was just documented as 'antibiotic'. The registered manager told us that this would be the same for any short term prescription. Although staff worked from the information given by the pharmacy, there was no protocol in place to help support and direct staff when this type of medication should be

given. The registered manager told us they would ensure that a more robust monthly check of the MAR charts would be undertaken and any requirements formally documented.

We found that the registered person had not protected people against the risk of unsafe administration and recording of medication. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe and that staff protected them from harm. One person said, "There is security in knowing who is coming to see me." Another person told us, "I trust them implicitly." People felt secure with the support they received from staff.

Staff had an understanding of the different types of abuse and knew what to do if they witnessed it. They explained about the signs they would look for and what they would do if they thought someone was at risk. We were told, "It is our responsibility to keep people safe. I would always tell the manager if I was worried." All staff said they would report any concerns to the registered manager and were confident in their ability to respond appropriately. The registered manager understood safeguarding procedures and how to report any safeguarding concerns. They told us that they had a good working relationship with the local authority and we found evidence that conversations had taken place when issues of concern were noted. Staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. The service had policies and procedures for safeguarding vulnerable adults and these were accessible to the staff team. This helped ensure people who used the service were safe and free from harm.

The service had risk management plans in place to protect and promote people's safety. People told us that risks had been assessed and that there was guidance for staff within people's care plans. Staff said there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. The registered manager confirmed that before care was provided, assessments were undertaken to assess any risks to individuals and to the staff supporting them. This included environmental risks and any risks to their health and

## Is the service safe?

support needs. We saw risk assessments had been completed in respect of each person's home environment; these included moving and handling, medication and external areas of the premises. Risk assessments identified the person's level of risk and there was information to advise staff how to minimise these risks and keep people safe. Risks had been assessed and minimised through proper risk assessments being in place.

The registered manager told us that staff were aware of the reporting process for any accidents or incidents that occurred. She said, "If someone has an accident then staff record it and inform me immediately." We saw that the service had processes in place to enable the registered manager to monitor accidents which ensured that any trends could be identified and investigated.

Staff told us they had been through a robust recruitment process before they started work at the service. The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. The registered manager undertook all pre-employment checks required before new staff started work. This included obtaining references from people's previous employers and a Disclosure and Barring Service check. There was an effective recruitment and selection process in place which ensured staff were checked safely before they began working with people who used the service.

The service had clear staff disciplinary procedures in place and these were robustly followed when required. The registered manager told us they gave staff every opportunity to improve and develop when concerns were raised but the care and support of people was paramount.

Through discussions with people who used the service and staff we found there was enough staff with the right skills, knowledge and experience to meet people's needs. People told us they appreciated having a consistent group of staff attending to their needs. The registered manager said that they would not consider taking on a package of care unless they knew they had sufficient staff to be able to provide good quality care.

Staff told us that the registered manager worked hard to give them consistency in their work allocation and that there were enough staff to keep people safe. The registered manager confirmed that staffing levels were determined by the number of people who used the service and their needs. They could be adjusted when people's needs changed and records showed that the number of staff supporting a person could be increased if required. We looked at staff rotas and saw that staff members were generally allocated to the same group of service users for most visits each week. The only exceptions to this were when unforeseen situations arose. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

# Is the service effective?

## Our findings

People said that staff had the knowledge and skills to carry out their roles and responsibilities appropriately. One person told us, “I feel that the workers do their job very competently. I think they get training in moving people and get regular updates.” Another person said, “It certainly seems like they know what they are doing. I never have any concerns.”

Staff had received an induction programme when they commenced work and this was confirmed by the people we spoke with. One person told us, “Recently a new girl has been introduced. She was mentored by the more experienced workers. My husband is getting used to the new worker. As he doesn’t like change, I think this was a lovely way of easing the new girl in gently – for both my husband and the care-worker.” Staff told us that the induction process was helpful in giving them some experience of the work they would go on to do. Shadowing visits with experienced members of staff helped them to understand people’s needs and were completed in line with the Common Induction Standards. The registered manager told us that it was important to support all new starters as they wanted to make sure they were well trained from the start. Staff told us they had worked with more experienced staff as part of their induction training. If more time was required before staff became independent, then the period of ‘shadowing’ could be extended. This helped staff to become familiar with the people they would be supporting. Staff files we reviewed contained relevant documentation to show that the induction process had been completed.

Staff told us that the range of training they had enabled them to meet people’s needs. One said, “It is always good to do training, as you can forget things sometimes so it is nice to be refreshed.” Another staff member told us, “I really do think we have enough training, but if there is something we don’t know about we can always ask the manager and it will get sorted. We will get extra training on it.” Staff told us the training they received included safeguarding, moving and handling and administration of medication. The registered manager did not have a fully operational mechanism for monitoring staff training. They told us they were in the process of obtaining a full staff training list from the training company they used, which would identify

which mandatory and specific training was still required. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff told us they felt very well supported by the registered manager because of the way in which they made themselves accessible. Staff said the registered manager was hands on in approach and would work alongside them, which meant they had a good working knowledge of the people they cared for. None of the staff we spoke with had received formal supervision from the registered manager but did not feel that this hindered their ability to meet people’s needs. They said they could always contact the registered manager if they had any issues or concerns and that they would always be dealt with promptly. The registered manager confirmed they did not hold formally documented supervision sessions with staff but told us that they were always accessible if staff needed them for anything. Those that had worked at the service for more than a year had an annual review of their work performance, during which their training needs were identified. Despite the lack of documented supervision, we were satisfied from our conversations with staff that they received suitable support from the registered manager. We discussed this with the registered manager who advised that they would commence formal recording of conversations with staff to evidence the supervision and support given.

People said that staff always asked them if they could give them support before they gave care. One person said, “They knock on my door before coming in, they never just come straight in.” Another person told us, “They are good like that; it’s nice to be asked.” Staff told us they obtained people’s consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines. Staff we spoke with understood their obligations with respect to people’s choices. Staff told us that they had received training in the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and how it worked in practice. At the time of our inspection no one using the service was being deprived of their liberty unlawfully.



## Is the service effective?

People were supported by staff to access food and drink of their choice and said that staff always asked them what they wanted to eat. Not all the people we spoke with received support with food preparation as part of their delivery of care. One person said, "They make sure I am happy with my food." Details of people's dietary needs were recorded within care records, which indicated people's food likes and dislikes and if they needed any support with eating and drinking.

We were told by people and their relatives that most of their health care appointments and health care needs were

co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. The registered manager told us that they had close links with the local district nursing team which meant that any health needs were identified promptly. As a result of this they were able to liaise with health professionals or the emergency services to ensure any health problems were acted upon in a timely manner.

# Is the service caring?

## Our findings

People commented that staff were all very lovely, nice and helpful and said that they could talk to them about anything. One person told us, “They are simply the best.” Another person said, “Very, very happy – how many very’s can I say?” Everyone commented on the pleasant nature and caring attitude of the staff. One person said, “There’s not a bad one amongst them.” We were also told, “They are kind and respectful in a friendly way, yet very professional with it.” People were happy with the staff that cared for them and told us they got on well with them. They confirmed there was lots of laughter and that close relationships were formed with staff.

People told us their care was flexible and always based on their individual needs. One person said, “They asked me what care I needed to make sure it was right for me.” During the initial pre assessment, the registered manager told us that people’s needs were discussed with them. They were asked for their views on how they wished to be cared for, and issues including culture and diversity were considered. As a result of the pre assessment visit, care plans outlined people’s needs and the support they required from staff to ensure care was delivered in a personalised manner.

People told us they knew what was in their care and support plans because staff spoke with them about it on a regular basis. They felt involved and supported in making decisions about their care and treatment and were listened to when they contributed an idea. Staff told us that people’s records contained the information that they needed, to help them to support the person. The care records we looked at detailed people’s needs and the support they required from staff to ensure care was delivered in a personalised manner.

Staff understood people’s likes and dislikes and considered that they had good relationships with people. One member of staff said, “Yes, I think the care is good. We try hard. I would recommend the agency to people who needed care.” Another member of staff said, “I treat people like I would want one of my family members to be treated.”

People said they were supported to express their views and be involved in making decisions about their care and support. They told us that they and their families had

contributed their views and preferences in relation to how care and support was delivered. Staff and the registered manager told us that care and support plans were individual to each person and the records we reviewed confirmed this. We found that a copy of the person’s care and support plan was kept in the person’s home and that a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at ten care records and found that they gave clear instructions for staff to follow to ensure that people had their needs met.

People told us they were supported by staff in a patient and encouraging manner when they received care. One person said that staff would communicate with their family should this be required, which made them feel well looked after. Staff tried their best for the people they supported, as they wanted them to receive good quality care. One said, “We learn from the mistakes we make. If we can improve on the care we deliver, that is good.” Staff told us they were keen to provide effective care for people so that they felt valued and cared for.

Advocacy services were available for people and staff and the registered manager could access the services of an advocate should this be required. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible for staff if it was required.

People told us that staff worked to maintain their privacy and dignity. For example, by making sure they were covered when receiving personal care, and by ensuring that doors were always closed. One person said, “I am never worried, they always close the curtains or shut the doors.” Staff told us they were respectful of people’s need for privacy and maintained their dignity. Staff said they gave people privacy whilst they undertook aspects of personal care, but ensured they were at hand if needed. They also encouraged people to do as much for themselves as they could and provided assistance when people needed it. The care plans we looked at detailed the level of assistance that people required to maintain their independence and guided staff as to how they should support people with this.

# Is the service responsive?

## Our findings

People told us that were asked their views about how they wanted their support to be provided, for example, about their daily routine or whether they required support with meal preparation. Staff said that people's care needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and detail about how to provide care and support. The records we reviewed confirmed that pre admission assessments of people's needs were carried out prior to a package of care being commenced. This helped to ensure that the service could meet people's needs.

Staff told us that people had been involved in any assessments that had been undertaken. These detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. The registered manager told us that people were consulted and able to tell the service what their needs were and how they wanted them to be met. The records confirmed this and were written in a personalised manner. They included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

People who used the service had individual support plans which clearly identified their care needs and visit times. One person said, "I was involved all the way. The manager visited and we went through everything." The registered manager told us that a planned seven day rota was given to each person and these showed who was allocated to carry out their care each day. They also told us people who used the service received a rota on a weekly basis to alert them to the member of staff that would be visiting their home.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, with medication or food preparation. Staff were knowledgeable about the people they supported and were

aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from the registered manager.

The registered manager provided people and their families with information about the service when they were assessed in a format that met their communication needs. It included a welcome pack which provided information about the services, the costing's of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

People told us they had no current complaints but that they would speak with staff if they had any concerns. One person said, "I don't think that I would need to complain but I know that I can talk to staff if I needed to." Another person who had raised concerns previously told us, "It was dealt with in an efficient and pleasant way and was soon on the right track and has remained so ever since." Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The registered manager told us that although there had been no recent complaints, that people would be given support to make a comment or complaint where they needed assistance. We saw that the service's complaints process was included in information given to people when they commenced a package of care. People's complaints were fully investigated and resolved where possible to their satisfaction.

People were supported to express their views during reviews of their support packages and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people's views and monitor and improve the quality of the service provided.

# Is the service well-led?

## Our findings

The systems in place for monitoring the quality of the service delivery were not always used effectively. The registered manager acknowledged that they did not have as much time as they would have liked to monitor care plans and review the service. They told us about audits that were carried out on areas, which included daily care logs and medication records. Staff returned these to the office for the registered manager to monitor and review, which identified any issues with documentation and determined what actions should be taken. However, neither audit checks for daily care logs nor medication records were formally documented as evidence that documentation had been reviewed on a regular basis. Although there were systems in place to monitor the quality of the care provided, there was no evidence that the findings from the audit checks, satisfaction surveys, complaints or compliments were used to identify areas for improvement. Had effective audit systems been used then the service would have identified the issues that we found within the medication systems. We discussed this with the registered manager and they advised that for them, the care came first, as a small service it was paramount that they cared for people first; paperwork came second although it was important. They understood that they needed to formalise all the audit checks and reviews that they did and to ensure that written documentation was kept up to date.

People told us that they knew who the registered manager of the service was and were keen to praise their ability to run the service. One person said, “The manager helped me in other ways about my [family member’s] care, she gave me lots of advice and information.” We were told that the service had been recommended to people because of the way in which it was managed and the good reputation that it had. When asked to rate the service out of a score of ten, the average people gave was 9. People and their relatives were content with how the service was managed.

The service worked hard to promote a culture that was open and transparent. Staff said that the registered manager encouraged them to express their views and opinions so that they could make improvements to the service delivery. Staff told us that they were kept informed of any changes to the service provided or the needs of the people they were supporting. They received regular support and advice from the manager and a weekly update

which detailed any service changes or changes to people’s needs or medication prescriptions. They also told us that regular meetings took place where they could discuss concerns over a ‘coffee and cake’. Staff felt the registered manager was always available if they had any concerns about work or something that may impact upon their ability to work.

The company values and philosophy were explained to staff during their induction training, which meant that they understood the ethos of the care delivery required by the service. Staff told us they worked hard to provide effective and good quality care and people confirmed that the staff delivered this.

Staff told us that they received constructive support from the registered manager. One carer told us, “If I need anything, I can come into the office or get on the phone and get advice and support. Staff said they really enjoyed working for the service and were very clear and focused on their roles and responsibilities.

Staff had access to the provider’s policies and procedures, which included safeguarding, complaints and reporting accidents and incidents. The registered manager confirmed that all incidents were recorded, monitored and investigated appropriately. Appropriate action was taken to reduce the risk of further incidents to improve matters for people who received care. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence.

Staff were aware of the service’s whistle-blowing procedure and said that they would not hesitate to use this process if they felt it appropriate because it was their duty to protect people. This meant that any incidents of poor practice would be reported by staff to the registered manager or externally if required. Staff felt confident that if they raised any concerns or questioned practice with the registered manager, that they would be acted on appropriately.

The service had a registered manager in post in accordance with their requirements. Information that CQC held also showed that we received required notifications and that these had been submitted in a timely manner by the registered manager.

## Is the service well-led?

The registered manager told us that random 'spot checks' were conducted on staff as they worked in people's homes to make sure care and support was being delivered in line with the agreed care plan. This also included timekeeping, attitude, record keeping and appearance. There was not a

structured approach to how 'spot checks' were carried out as the service was a small one and it often involved the registered manager working alongside staff, to provide hands on support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person failed to protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining and recording of medicines used for the purposes of the regulated activity.</p>