

Somerset Care Limited

Somerset Care Community (South Hampshire)

Inspection report

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12 April 2017

13 April 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 10, 12 and 13 April 2017.

Somerset Care Community Care (South Hampshire) provides care and support for people who live in their own homes. The majority of people receiving care and support are older people. The office is located in Waterlooville near Portsmouth and provides services across central and east Hampshire. There were 177 people using the service when we inspected.

The service has 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.

The provider had safeguarding policies and procedures in place. All staff received safeguarding adult's training to raise awareness of how to recognise signs of potential abuse and poor practice and what actions they would need to take. Staff told us they were confident in their understanding of abuse and how to report any suspected abuse.

The service operated safe recruitment practices to ensure staff were suitable for their role. People's needs were understood and met by sufficient numbers of skilled and experienced staff.

People were protected from the risk of harm. The provider assessed any identified risks to people and put measures in place to minimise them.

The provider had a contingency plan in place to enable the continued running of the service; should there be a need to vacate the premises used as an office base.

Staff had been trained in the safe administration of medicines.

All staff had been suitably inducted into the service and relevant training had been provided to enable them to safely support the people using the service.

People told us that staff treated them with dignity and respect. People and relatives were involved in the development of care plans and were able to express how they preferred to receive care.

Care plans were detailed and informative. People's specific care needs were met during each planned visit.

Staff were supportive in helping people to maintain their independence as far as was practicable.

People were always asked for their consent before their care and support was offered. Care staff and the

management team had received training on the Mental Capacity Act 2005 and understood its principles.

People and their relatives knew who to speak to if they wished to make a formal complaint or were unhappy with the service they received.

The service had built up strong community links with other local agencies and held regular events to promote dementia awareness.

The provider had quality assurance and data management systems in place to ensure quality of service provision.

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 told us they felt safe. Staff were trained in safeguarding adults and were aware how to raise any concerns.

Recruitment procedures were safe and all staff understood the provider's procedure for reporting any suspected abuse.

The risks to people's health and wellbeing had been identified. Plans were in place to inform staff how to minimise the risk and keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff were trained and there were appropriate procedures in place for a thorough induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service ensured people received effective care that met their needs and wishes

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People received support from consistent caring staff who knew them well.

People's view and opinions were listened to and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was flexible, proactive and planned in partnership with them.

Care plans were person centred and reflected people's individual needs. They were regularly reviewed and updated as people's needs had changed.

The provider had processes in place to receive and handle any complaints or concerns raised and used these to drive improvements.

Is the service well-led?

Good ●

The service was well led.

There were very good community links and partnership working was promoted.

People were positive about how the service was led.

There were quality assurance and audit processes in place to make sure the service was running well.

Staff felt supported by the registered manager and the management team.

Somerset Care Community (South Hampshire)

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.

The inspection took place on 10, 12 and 13 April 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the agency, what the service does well and improvements they plan to make.

During our inspection we spoke with six people, two relatives, six staff members and the registered manager. We looked at six people's support plans and care records. We also looked at a range of records relating to the management of the service including six staff recruitment, training, appraisals and the providers quality audits and action plans.

Is the service safe?

Our findings

People who used the service felt their care and support was delivered safely. For example one person told us, "I cannot think of any reason why I would not feel safe. The staff know how to care for me safely." Another said, "I cannot fault the care I get, yes I feel safe with them." One relative told us, "I am happy that the care that supports [person's name] is very good and quite safe. I have no concerns."

People were safeguarded from the risk of abuse. The registered manager had systems in place to enable the reporting of suspected abuse. The registered manager understood their role and responsibilities with regard to safeguarding procedures. Staff had received training in safeguarding adults at risk of abuse and those we spoke with demonstrated that they were confident about how to keep people safe from harm. Staff told us they had also been made aware of the provider's whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

Risk assessment documentation was included within people's care plans. These assessments had been completed as part of the care planning process and identified risks to people's health and wellbeing and environmental risks to both people and staff during care visits. Care plans gave clear guidance on managing and reducing the risks to people's health while promoting independence. We saw these included areas such as moving and handling, medicines, continence, hydration and falls. For risks that related to the environment and provision of care, clear guidance was in place for staff on the actions they should take to protect both themselves and the person they were supporting. These were reviewed regularly and updated when changes occurred.

The provider had taken steps to ensure that information about how to access people's homes was kept secure and only available to those who needed to know. The provider had also liaised with people and their relatives about what they wanted staff to do if they could not gain entry through the usual route. This provided people with the peace of mind that there was a safe contingency plan in place if staff couldn't gain access for any reason.

The provider followed safe recruitment procedures. Staff files showed all applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including proof of identity, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. We spoke with staff who confirmed that these checks had been completed before they started work. One staff member told us, "The checks were all carried out before I started."

All staff had been trained in the safe administration of medicines and the provider had clear policies and procedures for them to follow. We saw that Medication Administration Records were regularly returned to the office and the provider audited them. Where errors were identified, for example if a staff member had forgotten to sign the record, the provider had met with the staff member and provided additional training

and support.

We reviewed the service's visit schedules and staff availability and found there were sufficient staff deployed to provide all planned care visits. Staff said that they worked in geographical areas which reduced the time spent travelling between people's care visits. They felt that the time allocated to each visit was usually sufficient to undertake the care that they had to provide safely.

The provider had a contingency plan in place to enable the continued running of the service; should there be a need to vacate the premises used as an office base.

Is the service effective?

Our findings

People and their relatives told us they were supported by knowledgeable and skilled staff who were able to meet their needs. One person told us, "The staff are well trained they know how to care for me, some are better than others. But I am quite happy." Another said, "Yes the staff know what they are doing and care for me very well." A relative told us, "They are pretty good. They know how we like things done and give us time, always talk to us and make sure everything is done. Very happy with the carers."

New staff completed a comprehensive induction when they started work. This included staff training in accordance with the requirements of the Care Certificate. The Care Certificate is nationally recognised training, which sets out the minimum standard of training that care staff must receive before they begin working with people unsupervised. Other areas covered included equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent to work independently. One staff member told us, "I think the induction gave me the confidence to be able to provide effective care." Staff confirmed that had a period of shadowing more experienced staff before they worked on their own.

Staff confirmed they had regular opportunities for training and development. Training records showed that staff had completed various training sessions including moving and handling, end of life, medicines, infection control and health and safety. One staff member said, "I have worked in care before and the quality of training here is very good." To refresh and check staffs knowledge the management team held regular quizzes on various subject. These quizzes acted as an aide memoire for staff but also highlighted to the management team any staff gaps in knowledge that would benefit from refresher training.

The Mental Capacity Act 2005 (MCA 2005) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005 or court of protection.

All staff had received training on the requirements of the Act. The provider supplied all staff with a MCA 2005 leaflet that they could use as reference. This ensured all staff followed best practice, when considering people's ability to consent to their care. People were supported to have a choice about their care and staff supported them in the least restrictive way possible. We checked whether people had given consent to their care, or if unable to consent due to lack of capacity, that decisions had been made in the person's best interest. Care records demonstrated that people's capacity to make decisions had been considered and recorded within the assessment and care planning process.

Staff had a supervision and annual appraisals but supervisions were not consistently held for all staff and had been led by staff asking for them. However staff said they felt supported by the management team and the provider has now put a programme of regular supervisions in place for all staff. We saw that annual

appraisals had been completed and staff told us they found these useful and had been asked to give feedback on their own performance as part of the process.

People's care plans provided staff with guidance on how to ensure their nutritional needs were met. Where appropriate, information about people's food and fluid intake was recorded by staff within the daily care records. People told us staff encouraged them to eat and drink during care visits and one person told us, "They always make me a drink of my choice and make sure I have a drink available when they leave."

The provider matched each person who used the service with a key worker. People were matched with staff members not only depending on individual needs but also on shared interests. People received a key worker profile which included the staff member's interests. The key worker role gave the person a first point of contact. The provider found this allowed staff to build an effective caring relationship between the person and their carer. For example, one person had an interest in art and wanted to attend a local art club, but was unable to attend on their own. As the provider had matched them with a staff member who had similar interests. The staff member supported the person to attend the art club which they both enjoyed. Feedback to the provider included "[person's name] is well matched with me, we enjoy the same things. We attend my art club together."

The provider offered reablement packages of care with the support of the local authority, to enable people to regain their independence after a stay in hospital or a change of circumstances. The provider worked alongside health professionals such as occupational therapists and district nurses, to enable people to relearn independent living skills and gain confidence in being as independent as possible. Feedback from the local authority was positive about the level of care people received and that people had been consistently supported to regain and maintain as far as practical their independence.

People told us their health needs were met and when extra support had been needed it was provided. One person said, "Staff notice if I am not well and will call the GP." Staff told us they recorded any changes or observations about people's healthcare in their care file. We saw records were accurately kept and reflected this.

We saw evidence of the service working in partnership with other agencies to provide co-ordinated care. For example, the provider had worked closely with a local hospice to support a person with complex end of life care needs return home as was their wish. Training was arranged for staff to understand the presentation of the person's condition and they shadowed hospice staff in the hospice; to learn how to safely provide support in the way the person preferred. This enabled the person to return home and be with their family; while supported by a consistent staff team from Somerset Care that knew the person needs well.

Is the service caring?

Our findings

People we spoke with told us staff were friendly, kind and patient. They said staff understood the level of support they needed and delivered their care as they preferred. One person told us, "The staff always take an interest and are very helpful." Another said, "The care I get is very good and the carer is reliable."

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to the people they cared for, their likes and dislikes and the support they required. Care records we looked at described people in a positive way and included information on how to promote people's independence.

The registered manager explained the service liked to send birthday cards to people and sympathy cards to families when people passed away as a gesture of good will. They explained that they had received positive feedback from people who had appreciated the gesture. For example, a person had written in saying "What a lovely surprise, a birthday card from Somerset Care. Thank you all. Now I can really enjoy my 95th."

People said they could express their views and were involved in making decisions about their care. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained information about people's needs and preferences, so staff had guidance about what was important to them and how to support them. A relative told us, "We are always kept informed about what is going on and if there are any changes at all."

The service promoted people's independence including things the person liked to do. For example, the service had supported a person to attend a family wedding. The person needed support with personal care and would be away for several days, but for cultural reasons this had to be done by a male carer. Although there was no appropriate staff support readily available. The registered manager had been able to organise support for the person to attend their family wedding. Feedback from the family was very positive, "The service provided was great. Thank you for coming beforehand to speak to us and run through all the procedures and making sure everything was safe. The service provided on the days was also excellent, it was a massive help. Thank you."

Feedback on the care people had received was positive and people said how caring they have found the staff. For example, one person stated "Somerset Care have provided care for my [relative] on an increasing level over the last four to five years. They went from initially giving support after a short hospital visit to aid reorientation back into the home to caring for [relative] when bedridden. They gave [relative] and us compassion, kindness and friendship. The manager who dealt with [relative] case was wonderful and always did what they said they would and the carers were a hugely important part of [relative] last years. Thank you Somerset Care." Further feedback received included, "I have been having care provided by Somerset Care for many years. I am a permanent wheelchair user, all my carers are fantastic. Without such wonderful carers I would be in a nursing home. Somerset Care has provided top quality care, helping me to live in my own home as independently as possible." Another said, "My relative had a fall and suffered a fracture. Somerset Care provide six weeks of care and enabled her to recover at home. We were impressed with the care and

support provided by Somerset Care so we decided to continue with them. Care is provided three times a day and the care is better than we could ever provide. The carers are absolutely brilliant and they deal with medication, support and wellbeing during the day. Our experience with Somerset Care has been very good and we are very impressed with the level of care and support provided. Without their support [relative] would not be able to remain at home. Thank you so much."

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person told us, "The carers are respectful of me and my home and will always ask before they do anything. Another said, "I can't manage my personal care myself, so they wash the parts I can't. Always making sure I am covered up to maintain my dignity." Daily care records and call monitoring information showed people normally received care from a consistent small group of staff who visited regularly. Staff explained this helped them build up a good working relationship with the person and their relatives. It was clear from conversations we had with staff that they all knew the people using the service well.

Staff also spoke positively about the importance of maintaining people's independence. For example, one staff member told us, "It's important to know what people can do for themselves. I talk to them about what we are going to do and what they can do for themselves and what they need me to help them with."

Is the service responsive?

Our findings

People told us they were happy with the care that had been provided and were positive about the service. One person told us, "I was asked about what was important for me and what I needed help with at the start." Another said, "I cannot fault the staff they are all very good. Besides giving me the care I need they help with little extras if I ask." A relative said, "I know they review the care regularly and staff from the office check everything is as it should be regularly. They always keep us informed and let us know of any changes, or if something has happened."

The registered manager told us the service always completed an assessment of people's needs prior to people starting to use the service. A member of the management team met the person and their relatives to complete the assessment. These assessments identified people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were thorough and provided detailed information such as people's food likes and dislikes, health conditions, medicines, how they wanted to be supported with their personal care and equipment that staff needed to use to assist them in delivering care. People confirmed and we saw that copies of their care plan were kept in their own home and that they had been involved in and agreed to these care plans. We looked at the care plans kept in the homes of the people we visited and saw they had individualised care plans that detailed the support they required and the choices they had made about their care. Each person had a clear risk management plan in place to reduce any identified or potential risks from occurring.

Staff demonstrated that they understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with people's individual capabilities and how they were on the day. For example, one staff member said, "I always try to encourage the person to do as much as possible for themselves. It is important people retain their independence." Another said, "It is important to be flexible, people might need more help one day and less another. A relative told us, "It is very difficult caring for someone with dementia, but the staff are very good at giving the right support and being flexible depending on how things are."

The manager shared that a carer had noticed a person they supported had become unwell and thought this was linked to the person's oral health. After discussion with senior staff in the office, the provider arranged for community dental services to visit the person and review the person's oral health. The dental services advised staff on how best to support the person with their oral health. Furthermore the registered manager recognised that all staff would benefit from such training and arranged for all staff to be trained in oral health care. This training has now been embedded as part of the training for new staff and enabled staff to recognise the symptoms of poor oral health.

The provider had systems in place to ensure all people's care was reviewed every three months or when a person's care needs changed. For example, if a person had a stay in hospital or staff reported a person had become more dependent on care staff, the service conducted an additional review of their care. We saw that the reviews were conducted in a multi-disciplinary way with the service seeking the views of others who were involved with the person's care. For example, health professionals and relatives.

The provider had a complaints procedure that was available in the service user's guide in the care files in people's homes. Any complaints or concerns raised with the provider or through staff had to be logged and records of investigations and correspondence kept and actions taken were clearly recorded. We looked at the complaints records and could see that complaints had been fully investigated and action taken to prevent a reoccurrence. The provider told us they had a positive approach to handling concerns and complaints which they viewed as a part of driving improvements. The provider engaged regularly with people and their relatives, which had encouraged good relationships and a cycle of on-going feedback which the registered manager used to help drive improvements.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. People were positive about the quality of the service they received and felt the service was well run. One person told us, "I am very happy with the service, I cannot fault the care I get." Another said, "The service I have had has been excellent, well organised and they always check I am happy with the service." A relative told us, "Excellent service run by caring and professional people."

Staff were positive about the registered manager. One staff member told us, "The management are very supportive, always approachable." Another said, "This is one of the best care jobs I have had, and the manager is always approachable." Staff felt supported by the management team. For example, one staff member had their own health issues and the office staff supported them and contacted their family for them to explain what was happening to their relative. The staff member appreciated the support they had received from the service. This was feedback directly to the staff member involved. The registered manager explained that they had a variety of schemes to promote and support staff well being. For example, they had a staff recognition schemes such as 'Carer of the month' and 'Best newcomer'. The provider also promoted a 'Be Healthy' programme which provided staff with advice on nutrition, well being and a balanced lifestyle in the workplace and at home. Staff could also access a confidential counselling service if they wished.

The manager explained that they regularly shared positive feedback to staff from people using the service. For example, one person nominated one of carers for the providers Christmas "I Need a Hero" award after ambulance staff told her that the quick thinking and calmness of the carer had potentially saved her life. The manager explained they used this opportunity to reinforce basic first aid procedures with staff. So that staff would feel more prepared should they find themselves in an emergency situation.

We found very strong evidence of community links and partnership working. The service had worked in partnership with other organisations to promote understanding of dementia. For example, the service had worked with a local supermarket in training staff to have a better understanding of people who suffer with dementia and be 'dementia friendly'. In turn the supermarket had supported the service with events it ran to raise awareness and money for charities. Additionally, the service ran a big board game day where clients were invited into the office to participate a fun day of games. The service also supported people during Halloween as some people they supported found this period intimidating. The registered manager explained how they supported people to keep safe by giving general advise and supporting people to display "No trick and treating here" posters to deter callers. The office held a Christmas party which staff and people were invited to and made a donation to the Alzheimer's Society from money raised at the event.

The local authority had worked in partnership and co-operation with Somerset Care to progress the development of the reablement scheme it offered to people. They told us the provider embraced change and innovation whilst engaging in reflection and open communication regarding all aspects of the service

delivery and responded well to suggestions and opportunities for improvement. The provider had engaged in all training and staff development opportunities made available through the joint working approach applied to these contracts and this was positively evidenced in the outcomes achieved by the service and those accessing it.

The service piloted a scheme called 'Willow' which bases services offered on packages of care, rather than provide care for a specific period at a designated time. Packages are tailored to individual requirements and can be changed and adapted if desired. They included a variety of services that vary from social support, help with housework, social checks, and supporting people with personal healthcare needs. The registered manager explained it enabled the service to assess someone and discuss their holistic needs and offer an individualised package of care that is unique to them and is easily adapted to meet their needs. For example someone may have a package of care that is based on supporting the person to access the community and reduce social isolation, but if their care needs change we can review the package and adjust it in accordance with their needs. There is also a package of care called 'Petals Dementia Care' this is a package of care for people with dementia. The registered manager explained that PETALS stood for Person-centred, Empowerment, Trust, Activities, Life history and Stimulation.

Both the 'Willow' and 'Petals' packages of care have now been rolled out across all of the providers home care services.

The service produced a regular newsletter about events and the support they provided to people living in their own homes. They held meetings with people and their representatives so good communication and support was maintained.

We found surveys had been undertaken with people supported and their representatives in 2016 to obtain their views. We saw the results of these and the action plan undertaken by the registered manager. The provider also carried out regular courtesy visits/calls to help them monitor the service provision. A person we spoke with told us, "Yes someone from the office will come and ask me if I am happy."

The management team undertook 'spot check' observations of staff practice. Staff were observed delivering support to people to see how care was delivered and how people consented to receiving their care. The checks also monitored how staff interacted and spoke to people being cared for. Staff told us the 'spot checks' were unannounced, and they understood the reason for this.

The management team completed other internal audits as part of their quality assurance process. For example, accidents and incidents, care plans and medication records were audited. Any action needed as a result of these audits was recorded and implemented as a way of continually improving the care people received

The agency had an out of hours on call system so any emergencies could be dealt with. Staff confirmed there was always someone available to give advice when needed.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team