

Select Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good



Summary of findings

Overall summary

Select Home Care Limited provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work in Exeter, Crediton, Newton Abbot, Teignbridge, and Plymouth.

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.

We visited the office on 11 May 2016 and made phone calls to people on 18 May 2016. At the time of this announced inspection 21 people were receiving personal care from the service. The service was previously at a different location and was never inspected. The service was re-registered in April 2016 and this was the first inspection.

We received some concerns that there may not be enough staff to cover people's visits. We carried out a focused inspection. The purpose of this inspection was to check people were receiving safe care.

Most people told us the service was reliable. They received a list of their planned visits each week. People said "They're always here within five to ten minutes of the agreed time" and "They're usually on time". Staff told us they visited the same people regularly.

However, we found occasionally the service did not have enough staff to carry out people's visits. One person said more staff were needed. A relative told us everything worked well when their regular staff were working. However, when they were on holiday or off sick, they said the service didn't seem able to find cover easily. They told us they did not have staff to cover for a recent visit; this did not result in any risk to the person. The registered manager told us they knew they needed more staff to ensure they could cover absences. The service was advertising and interviewing new staff. Two new care staff were due to start work at the beginning of June 2016. We have made a recommendation that the provider keeps their staffing levels under review.

People told us they felt safe when staff were in their home and when they received care. Staff told us they had enough time at each visit to ensure they delivered care safely. Staff told us they visited the same people regularly. When talking with staff, it was clear they knew people well and quickly recognised if a person was not well.

Risk assessments had been completed for each person and their home environment. Where risks were identified, action had been taken to minimise the risk of potential harm. Accidents and incidents were logged in each person's care plan. The service did not have a formal system in place to monitor accidents and incidents. The registered manager had identified this was an issue and had invited the Devon County

Council quality team to come in and discuss incident reporting and audits.

People were supported safely with their medicines and told us they were happy with the support they received. Staff had fully completed medication administration record (MAR) sheets after they gave people their medicines. This showed people had received their medicines as prescribed to promote good health.

Staff had received training in safeguarding vulnerable adults and knew how to recognise signs of potential abuse. They confirmed they would report any concerns in line with the service's safeguarding policy. Recruitment practices were safe. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

There was an 'on call' telephone number for people to ring in the event of an emergency out of office hours. The service had a plan in place to deal with foreseeable emergencies. There was a system in place to ensure visits to vulnerable people were prioritised.

A further comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well-led. This will result in the service receiving an overall rating.

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.

Most people told us the service was reliable. However, we found occasionally the service did not have enough staff to carry out people's visits when staff were on holiday or off sick. The registered manager was advertising for new staff and two staff were due to start work soon.

People told us they felt safe when staff were in their home and when they received care.

People were supported safely with their medicines and told us they were happy with the support they received.

Staff recruitment practices were safe and staff knew how to report concerns to protect people.

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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 checked whether the provider was 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 11 and 18 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on the second day of our inspection.

One social care inspector carried out this inspection. On the first day of our visit, 21 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with seven people and two relatives. We spoke with three staff, two field care supervisors, and the registered manager.

We looked at five care plans (two of these were current care plans which had been brought into the office from people's homes), medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

We received some concerns that there may not be enough staff to cover people's visits. Most people told us the service was reliable. They received a list of their planned visits each week. People said "They're always here within five to ten minutes of the agreed time" and "They're usually on time". Staff told us they visited the same people regularly. Comments included "There is good continuity" and "We know people really well". People confirmed this and commented "I have a constant carer". Staff told us they had enough time at each visit to ensure they delivered care safely. When talking with staff, it was clear they knew people well and quickly recognised if a person was not well. For example, when visiting one person staff knew they were not their normal self. Staff contacted the person's relatives, who contacted the GP and the person was treated for an infection.

However, we found occasionally the service did not have enough staff to carry out people's visits. One person said more staff were needed. A relative told us everything worked well when their regular staff were working. However, when they were on holiday or off sick, they said the service didn't seem able to find cover easily. They told us the service did not have staff to cover a visit on 8 May 2016, as staff were off sick. This did not result in any risk to the person. The registered manager had not been made aware the visit had not been covered and told us they would follow this up. They told us they knew they needed more staff to ensure absences could be covered. The service was advertising and interviewing new staff. Two new care staff were due to start work at the beginning of June 2016. We recommend the provider keeps their staffing levels under review to ensure there are enough staff to complete people's agreed visits.

People and their relatives told us they felt safe when staff were in their home and when they received care. One person told us how they previously had several falls and been admitted to hospital. Since care staff started to visit, they had not had a fall. They said "I'm unsteady on my feet, they give me a shower and keep me safe". When we asked people if they felt safe, they said "Of course I do" and "I feel very safe". Care plans contained information so staff knew how to access people's homes. Some people had key safes installed outside of their homes. This meant staff were able to access people's homes when people were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving.

Risk assessments had been undertaken. These included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, where one person was at risk of pressure sores, the person had equipment such as a pressure cushion and a pressure relieving mattress in place. The care plan told staff to report any changes to the office and district nursing team. Staff told us how they applied prescribed creams. This meant the risk of skin breakdown was reduced.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had completed training relating to medicines. Staff completed medication administration record (MAR) sheets after they gave people their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health. Where people's prescribed medicines had changed, staff had recorded this clearly on the MAR sheet and

written about the changes in the daily report so other staff visiting people were made aware. Senior staff checked MAR sheets every month to make sure recording was correct. Staff were reminded about how to complete MAR sheets correctly at staff meetings. Where there were issues with medicines, staff took swift action. For example, a staff member told us they found a tablet was missing from a blister pack. The pack was sealed so the error must have happened at the pharmacy. Staff rang the service's on call system, contacted the person's GP, and the pharmacy. They used a tablet from another day. The staff member then picked up another tablet from the pharmacy. They spoke with other staff who visited the person so they knew what had happened and what to do. This meant the person received their prescribed medicines without any gaps.

Risk assessments relating to the each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people and staff. For example, staff told us that when one person's mobility changed they were at risk of tripping on the long rugs in their home. This was discussed with the person and it was agreed the rugs would be removed to prevent the risk of trips and falls. This had protected the person from risk of harm, as they had not suffered any falls.

Accidents and incidents were logged in each person's care plan. Blank forms were available for staff to complete at the time of the visit. One person had tripped up a step and fell. The accident form gave a clear account of what had happened. Staff had called for an ambulance and informed the office. At the next visit, staff recorded they had checked the person was alright. The service did not have a formal system in place to monitor accidents and incidents. The registered manager had identified this was an issue and had invited the Devon County Council quality team to come in and discuss incident reporting and audits.

Staff had received training in safeguarding vulnerable adults and had computer access to the safeguarding policy. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. Each person's care plan contained a copy of the safeguarding policy so they had access to information on abuse.

Recruitment practices were safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks [Disclosure and Barring Service clearance (DBS)], health screening and evidence of their identity had also been obtained. DBS checks were carried out every five years to ensure the provider had up-to-date information. New staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing staff who may be a risk to vulnerable adults.

There was an 'on call' telephone number for people to ring in the event of an emergency out of office hours. Staff told us they were able to get support when they needed it.

There were arrangements in place to deal with foreseeable emergencies. The service had a business continuity plan. This gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. The provider had a system in place to ensure visits to vulnerable people were prioritised.