S & M Healthcare Ltd

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 11 and 14 March 2016 and was announced.

S & M Healthcare provides care and support to people living in their own homes. At the time of our inspection, 14 people were receiving the service.

There was a registered manager in post. 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 experienced a service that was safe. There were rare staff related emergencies leading to occasional missed calls but priority was given to those people who were most in need of support. Staff and the management team understood their obligations to report any concerns where someone may be at risk of abuse or harm. Staff also understood the risks to which people were exposed and how they needed to support them safely.

Where staff were involved in assisting to manage people's medicines, they did so safely.

The service people received was effective. Although most staff had not been trained in the Mental Capacity Act 2005, to understand how to support people who could not make decisions for themselves, they understood their responsibilities in this area. They ensured they sought consent and took into account people's best interests.

Staff had a clear understanding of their roles and people's needs. They had access to support from the management team when they needed it. They were alert to changes in people's well-being or health and worked with relatives to ensure people's health and welfare was promoted. This included supporting people to eat and drink enough to maintain good health, if this was required.

People experienced a service that was caring. Although there were sometimes unavoidable changes, meaning that staffing could not always be consistent, people received support from staff who were respectful of their privacy and dignity.

Staff understood people's needs and preferences. Where people's needs changed, staff recognised the importance of informing the manager so that care plans could be reviewed if necessary. However, people and their representatives were not all confident that the agency would act robustly in response to their concerns.

Systems for monitoring the quality and safety of the service took into account the views of people using the agency. The manager was aware of their legal obligations for running the agency and took into account

developments in the care sector which could help to improve the service.

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.

There were enough staff to ensure people's needs were met safely and for prioritising those people who needed to receive care if there were staff related emergencies.

Recruitment practices contributed to promoting people's safety although records were not always completed fully.

Staff understood the importance of protecting people from abuse and reporting any suspicions promptly.

Medicines were managed in a way that promoted people's safety.

Risks to the safety of people using the service and to staff were appropriately assessed so that they could be managed and minimised as far as possible.

Is the service effective?

Good

The service was effective.

Although staff did not have specific training in the Mental Capacity Act 2005, they understood the importance of gaining consent from people to deliver their care and took people's best interests into account.

Staff had access to suitable training and were able to learn about people's needs from more experienced colleagues so they could support people competently.

Staff understood the importance of ensuring people had enough to eat and drink to meet their needs, if this was part of their planned care.

Staff were alert to people's changing health and worked together with families to ensure people's health care needs were addressed.

Is the service caring?

Good

The service was caring.

Sometimes people's care was not delivered by a consistent staff team because changes needed to be made as the agency grew and people's needs changed. However, staff were respectful of people's privacy and dignity.

People's views about how they wanted their care to be delivered were taken into account.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although there was a process for raising complaints, people were not all confident that robust action would be taken to address their concerns.

Staff understood people's needs and preferences and what was important to them.

Is the service well-led?

Good

The service was well-led.

There were effective systems for assessing and monitoring the quality and safety of the service people received.

Although staff were not formally consulted they were able to express their views to the manager. The views of people using the service were taken into account.

The manager ensured they remained up to date about developments in the care sector and legal requirements for operating the service.

S & M Healthcare

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 of the agency office took place on 11 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available at the office. We gathered further evidence on 14 March 2016 to assist with evaluating the service. The inspection was completed by one inspector.

Before we visited the service we reviewed the information we held about it. The information included notifications about events taking place within the care home and domiciliary care agency which the provider is required to tell us about by law. We received feedback from the county council's quality assurance team.

During the inspection, we spoke with the registered manager. We also spoke with the care coordinator and two care staff. We spoke with two people who used the service, family members for three other people, and a social worker.

We reviewed summary guidance sheets for seven of the 14 people using the service and care records for four people in more detail. We looked at recruitment records for three staff. We also reviewed training records for the staff team, and other records associated with the quality and safety of the service, including the findings of the provider's most recent quality assurance survey.

Good

Is the service safe?

Our findings

We received conflicting views about whether there were always enough staff to cover calls appropriately. A relative commented how their family member had not received support at an expected morning call over a recent weekend. They told us that this had not previously been an issue. They said their family member had been able to get themselves up and dressed but had found this difficult. The relative said neither they nor their family member had used the mobile number available to them so that emergency arrangements could be made if appropriate.

One person commented that they had to contact the agency as they had become concerned from talking to staff that one may not be available to cover a rostered visit. They said this had been sorted out for them. They went on to say this had not happened often. A relative told us that the agency, "…bent over backwards and did their utmost to cover…" to ensure the person received support.

Information for people using the agency was clear about how priorities would be assessed in the event of an emergency leading to staff shortfalls. This was contained within people's care files and showed that people in need of high levels of support, and those without family members close by, would be attended to as a matter of urgency. We concluded that there were enough staff to support people safely but that the registered manager may not always be made aware when calls were missed.

Recruitment records for staff showed that full employment histories were asked for, references taken up and enhanced checks made to ensure applicants were not barred from working in care. Staff were also asked to give details of their health to ensure they were fit to work in care services. We found that the application form asked for prospective staff to explain the reasons for gaps in their employment histories. The registered manager explained the possible reasons for gaps in one applicant's record. They agreed that written explanations had not been provided and undertook to address the issue with the existing employee and future applicants.

Records showed that the registered manager had recognised where one applicant had not provided a referee for their most recent post in care work. The manager recorded that they had discussed this with the staff member and we saw that the relevant reference had been obtained. We found that, where any concerns were raised in references, these were explored and the findings recorded. This included showing where an extended period of 'shadowing' shifts was considered appropriate for new staff to demonstrate their aptitude for care work. We concluded that arrangements for staff recruitment contributed towards protecting people from the appointment of staff who may not be suitable to work in care.

People said that they felt safe with the staff who worked with them. One person described that, where they had not felt at ease with a member of staff, this had been, "…due to a personality clash, not any concerns." They told us that this had been dealt with by the registered manager. Another person commented that they had felt confident to raise an issue with a staff member and that their concern had been addressed.

Staff confirmed that they had training in safeguarding vulnerable people and our discussions showed that

they understood what might constitute abuse. They were confident they would be able to report suspicions and that any concerns would be dealt with. We noted from training records that all staff received this training and one new staff member was enrolled to complete it. We noted that the registered manager had taken appropriate action when a concern had been raised about possible abuse. We concluded that there were systems in place to help safeguard people.

Risks to people's safety were assessed within their plans of care, with guidance about how staff were to minimise these. This included risks associated with moving and handling, using equipment and people's security within their own homes. Plans of care showed when equipment people in people's homes needed to assist with their mobility had been tested to ensure it was safe to use. There was guidance for staff about how they should support individuals in the event of a fire, if they were present in an emergency. We noted that staff had access to training in fire safety, first aid and resuscitation techniques.

Risks to staff associated with the delivery of care were also assessed to ensure it was safe for them to deliver the service. Spot checks on staff performance took into account whether they followed safe working practices when they were providing people with support and assistance. We concluded that risks to people were appropriately addressed so their safety could be promoted.

People's care records showed whether staff were expected to administer or prompt people with their medicines. A relative told us that, although staff did not need to help their family member with their medicines, staff checked to make sure the person had remembered to take their tablets. Staff spoken with said that they had training in the management and administration of medicines. Training records we reviewed confirmed that this was the case.

The care coordinator described spot checks on staff where they handled medicines as part of their duties with individuals. They said that this was so they could be sure staff were assisting people as required and following the expected procedures. A staff member confirmed that this happened. We noted from one person's care file that their medicines administration records were archived in the agency's office on a regular basis. The record we saw was appropriately completed. We concluded that arrangements for supporting people with their medicines contributed to promoting people's safety.

Good

Is the service effective?

Our findings

One person expressed some concern that a member of staff was not as knowledgeable about their domestic requirements as they would like and the manager undertook to address this. A relative commented that their family member was particular about how their care was delivered and felt that staff understood the person's needs. A professional offering support to one person told us that they felt staff had a good insight into the person's complex needs and were competent to meet these.

The provider's survey forms completed by people using the service during 2016 had not yet been analysed but showed that people were satisfied with the competence of staff. We noted that the findings from the survey in 2015 had been reviewed and that all of these showed that people felt staff were knowledgeable about their needs. The manager confirmed that applications from prospective staff members were only considered if they had a minimum of six months' previous experience in care work. They felt this contributed to ensuring that staff appointed had a good practical grounding in what was expected so they could build on existing skills.

Staff spoken with told us that they had access to regular training. Most of this was on line but there was practical training in first aid and moving and handling. They also told us that they had the opportunity to complete 'shadowing' shifts with experienced colleagues while they were getting to know people using the service. The provider's training records showed that most time limited training was renewed promptly to ensure that staff remained competent. The manager was aware that some training needed to be renewed and had plans in place to ensure this happened. They told us that they had recently sourced a new training provider and staff were working through more face-to-face sessions to improve their knowledge.

We noted that there were spot checks on staff performance to ensure that they demonstrated they were competent to meet people's needs. These spot checks were combined with some telephone discussion and face-to-face supervision with staff. Supervision is needed to provide an opportunity to discuss staff performance and any development or training needs. Staff spoken with told us that they felt well supported by the manager and coordinator and that there was always someone to ask for advice if they felt unsure about anything. They confirmed that they also had access to a handbook to remind them of how they were expected to work.

The Mental Capacity Act 2005 (MCA) 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.

Although training records did not show that staff had specific training in the MCA this was being taken into account. The content of training was being evaluated against the standards contained within the Care Certificate as best practice, to ensure choice and decision making was covered.

Our discussions with staff showed that they were aware of the need to offer people choices and respect their decisions. Staff spoken with were aware that people's capacity to make informed decisions may fluctuate. One described how, if someone was reluctant to accept the care that was needed, they would talk this through with the person and try to explain; ultimately they would respect the person's decision. A staff member also confirmed that they had completed training in palliative care. In discussion it was clear that they recognised the importance of taking people's past views and wishes into account in the way that care was planned and delivered. The care coordinator told us that they felt the staff team was alert to any changes in people's memory or capacity to understand their care. They were confident that staff would let them know so that action could be taken to ensure people's best interests were taken into account.

The registered manager recognised that some work was needed to ensure that fuller information was gathered more promptly about people who were new to the service. However, we found that basic information about their needs and preferences had been gathered. Where it was felt that people were having difficulties making informed decisions about their care, their records took this into account. The need for any follow up with others, such as professionals and close relatives, was shown. This contributed to ensuring that, if decisions needed to be made on people's behalf, their best interests were properly considered. The assessments showed whether anyone else had the legal right to make decisions on the part of the person concerned about their care and welfare, or about managing their finances. We concluded that people's consent was sought when their needs were assessed and their care was planned. There was an appropriate process in place to support people who may not be able to make informed decisions about their care.

Where staff were involved in the preparation of meals or drinks for people, we could see that their involvement was documented within daily records. Care plans took into account people's likes and dislikes, how they liked their meals presented and where they liked to eat. We concluded that, where staff were expected to assist in meal preparation, people were supported to enjoy their meals and to eat and drink enough.

Staff told us that the people they supported had close contact with family members to support them with health care and accessing health professionals. Staff were not usually required to seek medical assistance directly on behalf of people. However, our discussions showed that they were alert to changes in people's health and either passed this information to people's family members or took action themselves if appropriate. We concluded that staff contributed to promoting people's health and welfare.

Good

Is the service caring?

Our findings

Some people expressed concern that they did not always receive support from consistent and regular staff. They said they appreciated that this would happen in an emergency. They said that sometimes there were changes in staff 'rounds' meaning they could not keep the same regular members of staff. The registered manager was able to provide us with reasons why changes had been made. This included explaining how rounds had been amended to ensure that staff skills and aptitudes were better matched to people with more complex needs. The manager recognised that this could affect the continuity of care for some people.

Although some people found the changes frustrating, they did not express concerns to us that it adversely affected the care that they received. People and their relatives told us that they felt all the staff were respectful of their privacy and dignity. One person told us how staff needed to assist them with washing or showering. They said, "They [staff] are respectful of my dignity, definitely." Another commented that they felt, "Staff work with us and for us. They are absolutely respectful of my dignity." A relative told us, "Dealing with dignity is fantastic." They went on to say, "If someone asked me who they should have for care, I would recommend this agency. I can't speak highly enough of the ones [staff] we've had here." People also told us that staff encouraged them to do what they could for themselves.

One person gave us an example of how they felt a staff member had provided support that was not at their own pace and was, "…pushing me too hard." They said they had raised this with the staff member and received an apology. They said the staff member had not realised what was happening and, "It's much better now. They are gentle with me." A relative told us how staff understood their family member's wishes even though they were not always able to express these verbally. They said that staff would give the person a quiet time for rest and were sensitive to how the person might indicate this was what they needed. We concluded that people's privacy, dignity and independence was promoted.

People were very positive about the caring attitude of staff. One relative had written to thank the agency for the help their family member had received during a difficult time. Another had written to express their thanks to the agency for the kindness their family member had been shown. One person using the service had completed a questionnaire just before our inspection. This showed that they felt the staff member regularly supporting them was, "…very thoughtful and caring in lots of ways." They went on to comment, "[Staff] makes me laugh and cheers me up." They said they looked forward to that staff member's visits. Another person told us, "My regular carer is brilliant."

People told us how they were involved in decisions about their care. One person said, "I've been told that it [my care file] needs to be updated. I'm waiting for that to happen." Another told us, "I'm involved. They come to my house and it is due at the moment." People's care records showed how they were involved in reviews or updates and we could see from records that the manager had contacted one relative to discuss how a person might benefit from a minor change to the way they were supported. The records we reviewed showed that individuals had signed their agreement to their plan of care and that they had been given the opportunity to discuss it. We concluded that people, with support from their relatives or others if it was needed, were consulted about their care and how they wanted it to be delivered.

Requires Improvement

Is the service responsive?

Our findings

We received conflicting views about how confident people or their relatives were that their concerns or complaints would be dealt with. One of the two people we spoke with told us that they were not confident their complaints would be addressed and we took this up with the manager. They went on to tell us that overall they were happy with the service but the responsiveness of the office team needed to improve. One of the three relatives who had raised an issue commented, "I'm not always 100% confident that they will pick up and do anything at the office." They told us how they had raised concerns that they had not received a regular duty roster as they had previously done. They said that this had not been forthcoming despite assurances from the agency office.

Two other relatives spoken with said they were confident that any complaints they had would be dealt with and responded to. For example, one said, "I am confident that they would accept and listen to both sides, including relatives and carers. They would try to cope and resolve situations as they might arise. Personally, if I wasn't happy with a carer I would contact the office and they would listen." Neither of them had felt the need to complain and we noted that their confidence was not shared by people who had raised what they felt were concerns.

We received feedback from the local authority, who commissioned ten care packages, that no concerns or complaints had been raised with them.

We found that there was a clear complaints procedure available detailing how people could go about making a complaint and the timescales within which they could expect to receive a response. The information also said people could contact the local government ombudsman if they did not feel their complaint had been properly dealt with. Everyone spoken with said that they had information about complaints in their files and access to the mobile telephone number if they needed to contact the service out of hours.

We concluded that there was a proper system in place for responding to complaints. However, relatives and people using the service were not always confident that concerns were followed up robustly without the need to make a formal complaint.

Staff spoken with were able to tell us in detail about the needs of people they supported. They showed that they were aware of people's individual needs and preferences.

For example, one staff member told us about a person who was, "…very private…" about their needs and had not wanted a detailed plan of care in their home. They said they had explained to the person the importance of staff completing some basic daily records to ensure continuity in the person's care and that it was appropriate. They told us that the person had agreed for this to happen.

A relative told us how their family member's dementia meant that they had lost many of the skills and abilities that had been important to them in the past. They commented to us that their family member had

retained some facility with numbers and that this could trigger their memory. They told us that staff engaged the person with playing card games, which they were still able to enjoy. They told us that staff understood the person's difficulties in communicating. They said, "Carers spend a great deal of time trying to get [person] involved. [Person] is always happy when the staff have been."

For most people whose records we reviewed, support with their hobbies and interests were not part of the care package people were expected to deliver. However, we found from care plans that people's needs, preferences, likes and dislikes were recorded. We concluded that this helped to enable staff to engage in meaningful conversations with people about the things that interested them.

Staff told us that they felt care plans and the basic one page 'guidance sheets' they had access to, contained enough information about people's needs and preferences for them to understand the support required. We reviewed this guidance for seven of the people using the service and found that each clearly specified the support they needed, the choices staff should offer and reflected people's individual preferences for the way they wanted their care delivered. We noted that daily records archived to the office files, showed the care staff provided matched what was identified as needed. We concluded that people received care that was personalised and focused on their individual needs.

We noted that some care plans were slightly overdue for review to ensure they reflected people's current needs but the manager was aware of this and had plans to address it.

Good

Is the service well-led?

Our findings

We noted that there were systems in place for evaluating the quality and safety of care that staff delivered. Spot checks were completed on staff competence and the quality of their interaction with people. We noted that these highlighted areas for improvement. We found that one was not clear about why a staff member had not arrived on time for their call. This was corrected while we were present and the reason for the delay was recorded.

We reviewed records of spot checks for the performance of staff when they were completing visits to people. We found that some concern had been raised that staff did not have their identity cards available. The manager acknowledged that there should be improvements in reminding staff about the importance of carrying their identity cards. This was needed so that staff could properly identify themselves to people who may not know them well and to any visitors people may have at their homes. It could also contribute to staff safety and contact with the agency in the event of an emergency.

Staff spoken with were enthusiastic about their work. They described morale in the staff team as good. However, they identified that, for some of their colleagues, motivation and commitment had been affected by issues with payroll. We found, and staff confirmed, that there was no formal process for consulting with staff for their views about the service, management and support. We discussed this with the registered manager, who recognised this would be an appropriate development in seeking a wider range of views and enabling staff to comment anonymously if they wished. However, staff spoken with expressed their confidence that they were able to raise issues with the manager as they arose. This included highlighting areas of concern or blowing the whistle on poor practice. We noted that, where staff had felt uncomfortable about delivering care, this had been reviewed by the manager and action was taken to promote staff confidence and welfare.

Some people and relatives spoken with were not able to remember being asked for their views. However, we found from questionnaires that they had been asked to comment on the quality of support they received, particularly in relation to staff who were new to their care package. We reviewed some surveys that had been completed during 2016. These had not yet been analysed but where appropriate, the manager had responded quickly. We noted that the surveys contained a record of how they had been followed up if this was required. The last page of each showed whether a home visit or report was required to address any areas of concern, or whether no further action was necessary.

We noted that surveys completed during 2015 had been analysed to establish if there were any trends or specific concerns needing to be addressed. An action plan had been developed to see where improvements in the quality of the service could be made. We concluded that there were systems in place to ensure people were encouraged to express their views.

The registered manager was able to give us a clear account of their responsibilities and their vision for making continuing improvements within the service. This included reviewing arrangements for increasing the opportunities for staff to engage in face-to-face training. They showed us parts of the office

accommodation they planned to improve and refurbish. This was to ensure better facilities were available to deliver training in groups. The manager was also planning to engage in further training themselves to increase their expertise and knowledge of good practice in supporting people with mental health issues.

The registered manager had been in contact with a support organisation offering advice for independent care providers. The manager confirmed that they regularly reviewed updates and e-mails from the organisation and followed these up where they considered it would be of benefit to the agency. We concluded that there were systems in place to further develop the quality of the service.

The Care Quality Commission had been notified of events taking place in the service, in accordance with registration requirements. The registered manager was clear in her obligations in this regard. We concluded that there were systems in place for ensuring the agency complied with the requirements of their registration.