

Somerset Care Limited

# Somerset Care Community Services (Wiltshire)

## Inspection report

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27 September 2022

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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

### About the service

Somerset Care Community Services (Wiltshire) is a domiciliary care agency and was providing personal care to 140 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People had their medicines as prescribed. Staff used an electronic medicine recording system which meant office staff had an overview of medicines administration. We found people with 'as required' medicines did not always have a protocol for their medicines. We have made a recommendation about 'as required' protocols.

People's risks had been identified and risk management plans were in place to support people safely. Staff had reviewed them regularly and updated plans when people's needs changed. People had their own care plan which was personalised and detailed. There was guidance in place for staff to know what people's likes, dislikes and preferences were.

People were supported by sufficient numbers of staff. Due to short notice sickness or other staffing challenges there were times when staff levels were impacted. There was a team of office staff available to visit people where needed and a risk management system was in place. People's needs were reviewed, and calls rated to make sure vulnerable people got their essential visits. The registered manager was trying different ways to recruit new staff and had experienced some success. Staff had been recruited safely.

Staff had supplies of personal protective equipment and had been trained on how to use it safely. Staff had also received training on a range of topics such as moving and handling, safeguarding and medicines management. Refreshers were provided when needed and staff had observations and assessments carried out for competence.

New staff received an induction and given support to learn their role. All staff had regular supervisions and an annual appraisal to discuss training and development needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff carried out assessments for a range of areas and updated information regularly. People had life history information recorded which helped staff understand people's needs and preferences. Staff worked with

local healthcare professionals when needed and made timely referrals.

Systems were in place to make sure there was good communication amongst the staff. Staff told us they thought there was good teamwork and they were supported by managers.

Quality monitoring systems were in place to help identify any improvement. The provider had good oversight of the service and carried out regular checks of key areas such as accidents, incidents and safeguarding. There was a registered manager in place who was supported by a team of managers and senior workers. People and staff told us they felt able to raise concerns and knew how to do this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 19 March 2021 and this is the first inspection. The last rating for the service at the previous premises was good (published 15 May 2018).

#### Why we inspected

This was the first inspection of the service since the provider made changes to their registration.

#### Recommendations

We have made one recommendation with regards to 'as required' protocols.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Somerset Care Community Services (Wiltshire)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. This was to enable the registered manager to prepare information and to seek consent from people for us to contact them as part of this inspection.

Inspection activity started on 13 September 2022 and ended on 29 September 2022. We visited the

location's office on 27 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 16 people and 11 relatives about their experiences of care received. We spoke with 10 members of staff, the registered manager and the provider's head of community services.

We reviewed care and support plans for 15 people and reviewed multiple medication records, staff meeting minutes, staff observation records, training data, safeguarding logs, complaints logs, quality monitoring data including people's quality calls and reviews, compliments log, medicines incidents analysis and policies and procedures. We also reviewed four staff files in relation to recruitment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. Comments included, "I feel safe with the girls [staff] when they come," "I feel very safe because they [staff] have always turned up. Sometimes I ring up to ask who's coming next" and, "I trust them [staff]. One of them picked up a rug off the floor and put it out of the way because I tripped up on it once."
- Systems were in place to help protect people from abuse. Staff had received training on safeguarding and understood their role in helping to keep people safe.
- Staff we spoke with told us they would not hesitate to report any concern and they were confident management would deal with them appropriately. The registered manager had reported concerns to the local authority and worked with professionals to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and detailed risk assessments were in place for staff to follow. Staff reviewed risk assessments regularly and had updated them as people's needs changed.
- A service risk assessment was in place which covered action to take in the event of serious emergencies, such as bad weather and system failures. The provider had contingency plans in place to help make sure vulnerable people continued to have essential visits.
- An 'on call' service was provided so staff always had telephone support from a manager or senior care worker in emergencies.

Staffing and recruitment

- People and relatives told us at times they had noticed the service experienced staffing issues and they were not always sure who would be visiting them. Comments included, "The carer generally lets me know who's coming the next day. If there's a change in that, the office will let me know", "I haven't had any missed calls. I've had delayed calls, but I take that into consideration because of the traffic where I live" and, "They had run out of staff on one Monday. They [staff] gave us a call and told us. They could find somebody, but it would be later, so I said don't bother."
- The service had experienced staffing challenges which had led to the provider reviewing people's packages of care. A banding system to mitigate risks had been put in place to make sure visits assessed as essential were always carried out. Where visits could not be carried out people were informed. One person told us, "If they can't cover the call for whatever reason they'll ring me."
- People were being supported by sufficient numbers of staff. Systems were in place to mitigate risks if staffing challenges arose. The registered manager met with the local authority weekly to review care packages. If the service was not able to provide visits, the local authority was informed. The registered manager told us they were trying many different ways to recruit new staff and had been successful.

- Staff had been recruited safely with the required pre-employment checks carried out. This included a check with the Disclosure and Barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems were in place, so people had their medicines as prescribed. Staff were trained on medicines administration and assessed to make sure they were competent.
- People's needs for medicines support were recorded in their care plans and staff told us they always checked people's records before administering any medicines.
- Where people had 'as required' medicines there was not always an 'as required' protocol in place for staff to know when to give this medicine. Most people supported had communication skills and capacity to be able to tell staff when they needed their medicine. However, 'as required' protocols help staff to administer this medicine safely.
- The registered manager told us they would review people's records and put protocols in place. They told us they were soon to be swapping to a different electronic system which meant everyone's records would be reviewed.

We recommend the provider reviews 'as required' processes to make sure all 'as required' medicines have guidance in place for staff to follow.

#### Preventing and controlling infection

- Staff had training on safe infection prevention and control practice. They were provided with personal protective equipment (PPE) and told us they had plenty of stock available. One person told us, "Since COVID-19 they [staff] have always worn a mask and they are still wearing masks."
- Guidance on working safely during COVID-19 was available for staff and updated when needed. The registered manager knew where to go for any further advice or guidance on safe systems of work.
- Spot checks were carried out to observe staff in people's homes. These included a check on what PPE was being worn and how staff followed infection prevention and control good practice.

#### Learning lessons when things go wrong

- Incidents and accidents had been recorded and reviewed. Systems were in place to monitor and analyse incidents to identify themes and trends. This helped to reduce risks of reoccurrence.
- Learning from incidents was cascaded to staff and the registered manager told us they used reflective practice for staff to review their practice. This helped to identify what had gone wrong and what staff could do in the future to improve outcomes.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to starting the service and this information was used to generate initial care plans.
- Assessments were ongoing, and staff regularly assessed people's needs to make sure their records were up to date. An electronic care planning system was in place which meant the registered manager had oversight of all records for monitoring.
- Where needed staff liaised with healthcare professionals to make sure they had up to date guidance. For example, staff worked with local occupational therapists for complex needs in moving and handling. This made sure staff had guidance from professionals to move people effectively and safely.

Staff support: induction, training, skills and experience

- Staff were provided with the support and training needed to carry out their roles effectively. New staff received an induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A programme of training and support was in place to keep staff updated and refreshed as needed. Staff received regular supervision and assessments of their competence. One member of staff said, "I have a three-monthly check, they [managers] come out and check on the job, there is ample time to discuss anything with them. They give us annual appraisals; we also go into the office and discuss how we are getting on. I do feel supported, I have not had any real issues."
- Annual appraisals were carried out to review staff requirements for learning and development. Staff told us they had all the training they needed and could ask for more if they wished.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs in relation to eating and drinking were recorded. Staff provided the care needed to help people eat and drink well. Not all people receiving a service had support with meals. Where they did, it was clear in their care plans the level of support they wanted.
- One person said, "[Staff] can come in and tell me what I've got in the freezer and make a meal for me. "[Staff] put herbs on it and makes it nice and tasty." Another person said, "They [staff] make me teas and also some squash and orange juice and lemonade. They make sure I've got a drink, a hot drink, and also there's a cold drink available."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place to make sure there was good communication amongst the staff team. Staff told us they all communicated with each other well and there was good teamwork. One member of staff said, "I say we work together well; we are a tight knit group. We communicate well, we keep good notes."
- People's health needs were monitored and where needed staff contacted healthcare professionals for advice or a visit. For example, staff knew the signs of common illnesses such as a urine infection. Staff told us if they noticed a person may have an infection, they would contact the community nurses for their input.

#### Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and found they were.

- Staff received training on the MCA and knew how it applied to their role. People were asked for their consent to care and staff told us they understood the importance of having people's consent.
- Where people lacked capacity, staff followed the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff supporting them were kind and caring. Comments about the staff included, "I'm very happy with them [staff]. They all do what I want", "We get on very well together" and "The staff that come are so nice and very caring."
- Staff were aware of people's needs. People's life history was recorded so staff could better understand their needs and preferences.
- The registered manager tried to make sure people had a core group of care workers, so they had a continuity with care provided. Comments from people and relatives included, "We've got quite used to the carers that come along. Now that we've got to know them, we've got a lot more trust in them", "They [staff] are excellent because I get continuity of care, they are on time give or take half an hour and everything's done before they go" and, "The people I see I trust. If I didn't feel comfortable with anybody, I would ring the office and ask to change the rota, so I didn't have to see a certain person."
- Policies were in place to help staff know about delivering care in line with the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us people had reviews of their care where they could be involved in making decisions. Overall people confirmed reviews took place. Comments from people included, "I might have had three or four phone calls and a couple of face to face [reviews]. The face to face is a couple of times a year and the phone calls are in between", "They [staff] come at regular intervals to see if the care is up to what I need."
- Staff told us they involved people in their care and spent time listening to their views and wishes. One relative said, "They [staff] stay the full allotted time. They're very accommodating. They sit and talk to [relative] and interact which is exactly what we want them to do."
- If people needed further support to express their views such as advocacy, details could be provided of local services available.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff promoted their privacy and dignity. Comments from people included, "Definitely, if they [staff] didn't, I would be the first to inform the company. My privacy is always taken care of" and, "They [staff] are polite and they shut doors and curtains when providing personal care."
- Staff told us how they promoted people's dignity during their visits. One member of staff said, "If someone was having a wash, I would wrap a towel around them, I close the curtains, if they live with a family member, I close the doors."
- People's independence was promoted. All of the staff and the management told us they worked hard to

help people stay in their own homes for as long as possible. One member of staff said, "I like going around keeping people in their own homes which is what they want, we have a joke with people while being professional, keeping them independent."

- People's records were stored securely and only staff with authorisation were able to access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised. Care plans were in place which contained step by step guidance for staff to follow during visits. People were involved to ensure this guidance was an accurate account of how they wanted their care provided. Some people did say they had not seen their care plan for some time. One person said, "Someone may have come a couple of years ago and done an update. It's been a long time. I haven't had an update from the council either."
- We shared the feedback with the registered manager who told us there had been some access issues as all care plans were electronic. However, the service could print off a copy if people wanted one. The registered manager would check with people what their preferences were.
- People's likes and dislikes were recorded, and staff demonstrated they were aware of this information.
- Where people needed additional monitoring such as keeping track of food and fluids this was included in people's notes. Information was shared with healthcare professionals if needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. Identified needs were recorded in care plans with guidance for staff to know how best to communicate with people.
- The registered manager told us they could provide information in different ways including larger font.

Improving care quality in response to complaints or concerns

- Systems were in place to respond and record complaints. No formal complaints had been received but the registered manager kept a log of all feedback received.
- People and relatives told us they knew how to make a complaint if needed. Comments included, "I know exactly how to do it. I would ring the supervisor at Somerset Care, because I've got their number" and, "I would ring the office and tell them who had called at my home and ask them to look into it and hope they would look into it. If someone was rude...I would ask for them not to come again."

End of life care and support

- No end of life care was being provided at the time of our inspection. However, the registered manager told

us they had provided this type of care and worked with healthcare professionals to make sure people were comfortable.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were being cared for by a staff team who enjoyed their work and wanted to provide person-centred care. Comments from staff included, "I love the fact you can go to a customer, they are happy, relaxed, it is really rewarding", "I love being able to move around and meeting new people, going into their homes, building that rapport, making a difference to people staying at home" and, "I love it; I love the clients, the job, I love it is different every day."
- People and relatives told us they were happy with the care they received. Comments included, "I'm very happy with the service I get", "I would thank them for the care that [relative] gets, it's good. They [staff] are kind and caring and I'm very thankful" and, "I'm very much satisfied with the care and I've got confidence in the people [staff] that come."
- There was an experienced registered manager in post who told us they were passionate about making sure people had the care they needed.
- Staff told us the management of the service were approachable and available to contact if needed. Comments from staff included, "The managers are always there for you if you need them, any queries you can get hold of someone straight away, they will do their best" and "We hear from our boss quite a bit, there is good leadership with rotas and planning."
- People and relatives told us the service was well managed and they felt able to pick up the phone to call the office. Comments included, "They listen if you've got something to say and they get stuff sorted out. That's why I'm quite happy with the service", "[Registered manager] is in charge. She's lovely, very affectionate and warm and understanding" and "If I ever give them a ring, they're very polite and very thoughtful. They want us to be honest with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to make sure the provider would act on their responsibility to be open and honest with people when something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their regulatory requirements and had notified CQC appropriately. They had also notified the local authority where needed of any incidents affecting people's health and welfare.

- There was a clear staffing structure in place which staff were aware of. They knew who their line managers were and where they could go for advice or support. One member of staff told us, "I can go to my manager if I had a problem, they would know what to do."
- Governance systems were in place to review and audit all areas of the service. This helped to maintain good standards of care.
- The provider had a designated quality team who carried out regular reviews. They also analysed incidents and accidents and provided reports to make sure the provider had good oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to regularly seek feedback from people and relatives. The provider used a variety of ways to seek people's views. This included surveys, quality telephone reviews, visits to people's homes and care reviews. One relative told us, "It seems to work quite well from our point of view. We're contacted at regular intervals."
- Some people told us they were not asked for their views. We shared this with the registered manager who told us they would make sure those people were included in the next round of quality checks.
- Staff told us they had opportunity to share their ideas with management. There were staff meetings and regular communications from the office such as newsletters.

Working in partnership with others

- Staff worked with professionals to make sure people's needs were met. The registered manager told us they met weekly with commissioners from the local authority to review people's care packages. They also were in regular contact with local GP surgeries and visiting community nurses.