Somerset Care Limited

Somerset Care Community (Mendip)

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 30 and 31 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Somerset Care Community (Mendip) provides personal care to people living in the towns and villages in the Mendip area. At the time of this inspection they were providing personal care for 176 people. They also provided a domestic service to people living in their own homes.

There was not 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. We discussed the need for the service to have a registered manager with the regional operations manager. They agreed the manager in post at the time of the inspection would submit an application to register with the Care Quality Commission (CQC). On the second day of the inspection we saw a confirmation message from CQC that the manager's application to register had been submitted.

The last inspection of the service was carried out in February and March 2015. At that inspection we found due to low staffing levels people experienced a lack of consistency with regular staff. At this inspection we found there had been an improvement in staffing levels and the consistency of care workers visiting people. Some people told us they had seen an improvement and the manager confirmed they were still working to ensure people received care and support from a consistent team of staff.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

The service continued to provide safe care and support for people. There were adequate numbers of staff to provide the care and support people needed. However, there were mixed comments on staff arriving punctually at the time visits were due. Most people said there had been an issue in the past but it had improved and staff were arriving on time. However, a few people said they still experienced staff arriving later than the time they had been informed they would arrive. The manager had put systems in place to improve this experience for people which were on-going.

People were protected from abuse because the provider had systems in place to ensure checks of new staff and their suitability to work with vulnerable adults were carried out. Staff had also received training in

protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

The service continued to provide effective care and support. People were supported by staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. However, people had mixed opinions about the consistency of the staff team visiting them. Most people said they had a regular team of staff who they knew and had built relationships with, whilst others said they had met a number of different staff members. The manager confirmed an on-going staff recruitment programme meant they were now able to provide people with a more consistent team of staff.

The service continued to provide care workers who were caring and compassionate. People told us the care workers were kind, caring and often went above and beyond what was expected of them. We observed very caring interactions during home visits and every visit was accompanied with cheerful banter.

The service had improved their rating in responsive to good. People's care needs were recorded and reviewed regularly with team leaders and the person receiving the care or a relevant representative. All care plans included written consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. People told us they or a relative had been involved in drawing up a care plan and they also confirmed the care plan was reviewed regularly with them. Records showed the service responded to concerns and complaints and learnt from the issues raised.

The service continued to be well led. There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service improved to Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Somerset Care Community (Mendip)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

The last inspection of the service was carried out in February and March 2015. No concerns were identified with the care being provided to people at that inspection, however due to low staff numbers people experienced a lack of consistency with staff provided. We looked at how the provider had improved this part of their service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

This inspection was carried out by one adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Somerset Care Community (Mendip) provides personal care to people living in the towns and villages in the Mendip area. At the time of this inspection they were providing personal care for 176 people. They also

provided a domestic service to people living in their own homes.

We visited five people in their homes and met two relatives; we also spoke with 23 people and two relatives over the telephone. We spoke with four staff members as well as the manager and the regional operations manager.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

The service continued to be safe.

Everybody we spoke with said, they or their relative felt safe with the staff who supported them. One person said, "Safe? Yes I always feel safe I know my team and they are all very nice and trustworthy." Another person said, "They are all very lovely and I have never felt anything other than safe." One relative said, "We are more than happy that when we are not here, [the person] is very safe."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Somerset Care Community (Mendip) until their DBS check had been received.

To further minimise the risks of abuse to people, staff received training in how to recognise and report abuse. Documentation held by the service showed all staff had completed this training during their induction and before they worked with people alone. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff confirmed they had all received training in how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I have every confidence in [the manager] and the team leaders, they always remind us at meetings and supervision about the process to follow."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Comments about the timings of visits varied. Most people confirmed staff arrived at the time agreed, however some people said they felt there was an issue with staff not arriving at the allotted time and had mentioned it to the manager. One person said, "I have never had a problem, if they are going to be late they ring me and let me know. It is all part of the job, someone might be ill or the traffic is bad. They have never been very late." Another person said, "They seem to have a problem with staff arriving on time, one evening they were so late I had to make my own sandwich, nobody called me and I was left wondering if they were going to arrive at all." We spoke with the manager about the timings of visits. They told us the same issues had been raised in their customer survey and they had been working on developing dedicated teams for specific areas. They said people were now commenting on how it was improving. One person said, "There was an issue before when staff were turning up late. I would wonder if they were coming. I know the manager worked on how to make sure visits were carried out at the agreed time and things have improved. Staff are more regular now and I get the same girls, so they have looked at it and put things in place."

The manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff

they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed. The manager also explained how they used an electronic care system which meant staff would log in and out of each support visit using their mobile phone. This system enabled managers to know that staff had arrived and people were receiving their support and that staff were safe and well during working hours.

An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments were completed in relation to falls and the level of assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, one person required the use of a specific hoist; clear guidance was in place for the safe use of the equipment as well as the type and positioning of the sling. Staff confirmed they received training in the use of new moving and handling equipment in the person's home so they were aware of any risks specific to that person and their environment.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out by a care coordinator or senior care worker. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner. During the inspection we heard a conversation with one person discussing a visit from staff to carry out a risk assessment following an incident at the weekend.

Some people required assistance with their medication. Clear risk assessments, guidelines and agreements were in place to show how and when assistance was required. There were clear protocols to show the level of assistance required. For example, protocols detailed if the person needed full administration of medicines or just prompting or reminding to administer prescribed medication from a blister pack. Staff administering medication had all received training in the correct procedures to follow. Staff competency was assessed during spot check meetings.

There were systems in place to record any accidents or incidents that occurred. These would be reported directly to the manager or team leaders so appropriate action could be taken. The time and place of any accident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

People confirmed staff used personal protective clothing to ensure they were protected from the risk of infection. One person said, "Gosh, they are all so very clean and tidy and they put gloves and aprons on the minute they walk through the door." We observed staff used gloves and aprons appropriately and observed staff washed their hands before preparing food.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

Good

Is the service effective?

Our findings

The service continued to be effective.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They all know exactly what they are doing." Another person said, "Now I have a regular team of girls I don't have to explain anything, they certainly know the routine now." One relative said, "We are confident in their knowledge of how [the person] likes to be cared for. They understand how they have been with their memory being as it is."

All staff confirmed they had plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, moving and handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said, "If there is one thing they are very good at it is providing training. I have done all my updates now and if we see something we think would be of use we can ask and they will set it up." We saw one person's care plan included the use of suction equipment. We asked staff if specific training in the use of suction equipment had been provided and all the staff spoken with confirmed they had received the training they required to support the person.

The manager confirmed their induction programme followed the Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. All new staff received basic training in the service's essential subjects before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member explained how they had worked shadow shifts with an experienced staff member before working alone. The manager confirmed people were always asked if they were happy for new staff to shadow their regular care worker and would ask them for feedback on how they had got on.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. Minutes of meetings and records showed staff received refresher training in subjects such as safe medicine management and safeguarding at their meetings. At one meeting, staff met a representative of the local ambulance service and were provided with training and a flowchart to enable them to determine if they needed to call an ambulance if a person had fallen in their own home. The manager confirmed they had purchased emergency lifting equipment and provided training for staff in its safe use. They said this had reduced the calls to the ambulance service.

Some people needed support to eat and drink as part of their care package. Care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One person said, "It's lovely, they come in and the first thing they ask is do you fancy a cup of tea? I

always say yes. Then they ask me what I would like to eat it is always my choice." Another person said, "They are really good, they look in the fridge and let me know what is there, and if anything is going out of date they always let me know." One relative said, "They have always made sure [the person] has a drink and food by them when they leave. They record what they have eaten so I know when I come in." Care plans ensured staff were reminded to make sure adequate fluids were within people's reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. The manager confirmed they asked to see Lasting Power of Attorney certificates to ensure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. We checked whether the service was working within the principles of the MCA. We spoke with the manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The manager had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments.

Good

Is the service caring?

Our findings

The service continued to be caring.

People said they were supported by kind and caring staff. All of the people spoken with over the telephone spoke warmly of the staff who supported them, One person said, "Yes, I do think they are caring and very understanding. There's one who comes here regularly and she's very good." Another person said, "They are definitely caring and ask me how I would like my care, they do their best, I can wash and dress myself and they keep my house neat and tidy." One relative said, "She [indicating the care worker] is amazing, she really cares and is a credit to Somerset Care. There is nothing she would not do and she goes above and beyond what is expected."

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out, however we did observe the staff offered the person a drink and asked if there was anything they could do whilst they were there, even when it was not a scheduled visit. We observed a very relaxed cheerful approach and there was laughter at every visit, with people telling us how they loved the care worker visiting them.

Comments on the consistency of the staff team varied. Some people confirmed they always had a regular team of care workers to support them who they had got to know very well. Staff also confirmed they had their regular "runs" with people they knew and had built up relationships with them. However, some people commented on the turnover of staff and how they had to explain their needs to different care workers. The manager explained how this had also been highlighted by talking to people and they had introduced a different way of working, meaning staff were dedicated to a specific area and regular "runs". They also arranged for staff to work locally to where they lived to reduce travelling times. One person told us how they thought things had improved they said, "I have a more regular team of carers now and it has really settled down. I think they had a bit of a blip but they sorted it out."

People said the carers who visited them were all polite and respectful of their privacy. Everybody spoken with confirmed personal care was provided in private and in a room of their choice. People said staff treated them with respect. One person said, "They always ask me what I would like and they are always polite and respectful." Another person said, "I am always treated very well they are all so nice." A relative said, "They treat [person's name] with dignity and respect, no problem there."

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff were informed of general compliments received. We saw people had written to the service to express their thanks. For example one compliment read, "To all the girls who looked after me you are stars, keep up the good work."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. The team leaders visited people to carry out a review of their care plan. People confirmed they were involved in reviewing the care

they received. One person said, "They came and reviewed it last week, we have been with them so long now we know the routine ourselves. Didn't need much changing as going on well at the moment, but they made sure we were happy with the care plan and the carers." People were involved in reviews which included questions about how happy they were with the care and support or if there were any changes they would like made. People told us they felt they maintained control over their lives and the care and support they received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

The service improved to good.

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

People said they could express a preference for the care worker who supported them, for example one person had stated they did not want a male care worker. This was clearly recorded and records showed the service respected the person's request. Another person explained how they had talked to the manager about a specific care worker they thought was rude. They said they were listened to and the work rota changed. This meant people could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the team leader. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. The manager confirmed staff would discuss with the person the level of support they were able to provide. If they felt the service could not meet the persons' needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. The manager explained how they would be honest with people about the times they could provide care at the initial assessment. They explained they had introduced a system for people who wanted it that aimed to guarantee fixed timings which were agreed at the start of the care package. They said they were hoping to cascade this to all people as it become more workable with the staff team. Following the initial visit, care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and some people confirmed they or a relative had been involved and had agreed the plan before they were finalised.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. One care plan was very clear about how staff should support the person to remain as independent as possible, encouraging them to do things for themselves with the support of the care worker.

The service was responsive to people's changing needs. Staff would inform the manager and team leaders of changes in people's health and mobility. The manager confirmed team leaders would visit the person to assess the changes and discuss the need for any additional support or equipment. The manager explained care workers could be informed of changes immediately using the services mobile phone application which contained all the information they required at a glance. This meant people could be reassured that changes

to things like medication could be acted on immediately.

People said they felt they could complain if they needed to and the service responded to their concerns. One person said, "I like to sort things out before they become major events and I have found I can talk to the staff in the office and they listen and iron things out for me." Another person said, "I had to complain once about a carer and they acted straight away. I was very satisfied with the outcome." However, one person did say they had complained once and did not hear back for the office staff. They said they felt it was better to talk to the care workers direct. Records showed issues were responded to within the organisations policy timescale and additional training put in place for staff if necessary.

Good

Is the service well-led?

Our findings

The service continued to be well led.

At the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A registered manager from another Somerset Care Community office was managing the service. We discussed the need for the service to have a registered manager with the regional operations manager. They agreed the manager in post at the time of the inspection would submit an application to register with CQC. On the second day of the inspection, we saw a confirmation message from CQC that the manager's application to register had been submitted.

The manager was very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the management team. Most people and their relatives considered the service was well-led and good standards of care were provided by a team of caring staff. One relative said, "We have been with Somerset Care for some years now and they have had their ups and downs but we have always found them to be ready to listen and consider the client first." One person said, "I have always found them ready to listen and when I ring the office they are always nice and cheerful." Another person said, "I met one of the managers who was covering for a sick carer. I told her that I didn't like very early visits. She was very good and changed the times of our calls." Whilst another person said, "Yes I think so. I've spoken to one of the managers; she's very good and is always very helpful to me." However, one person did not feel the office was well led, they said, "No I don't think the office is well led I have never met the manager, so couldn't comment."

The organisation carried out annual satisfaction surveys of people, relatives and staff. The last surveys had been analysed and the results made available to people and their representatives. Overall, the survey was positive with people and relatives commenting on the dedication of staff. For example one relative responded, "You have a very dedicated team of carers who always put the client first." However, the surveys had also highlighted people were not always satisfied with the level of late calls and inconsistency of staff. The manager had immediately looked at systems that would improve this experience for people and we heard from people who told us they had seen a marked improvement. Team leaders also carried out randomly selected telephone conversations every month with people to ascertain their satisfaction level with the service provided and if any changes or improvements could be made. This meant people were given the opportunity to be involved in the continued improvement programme of the organisation.

The manager also lead performance circle meetings when they looked at audits of people's files and staff files to ensure they were all up to date. They also discussed the CQC Key Lines of Enquiries. The service also acknowledged staff performance with an employee of the week/month. For example, "Carer of the week is [carer's name], came from a service user who said, "She [the care worker] changes our lives, dependable, caring and a fantastic girl in every way."

The organisation also supports staff to progress with their career path. They operate the "Rising Star" programme which supports staff to develop as future managers within the organisation. The manager confirmed two staff had gone forward to work through the programme. They also recognised staff who had been with the organisation for a long time with long service awards which would be presented at a buffet. This meant staff achievements were recognised, promoting a service in which staff morale was high and they felt appreciated. A newsletter was provided for staff reminding them of key policies, seasonal things to be aware of such as fluids in hot weather, appropriate clothing in the winter and recognition of outstanding service and compliments.

The manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour regulation. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments, staff would be able to prioritise their workload. Appropriate four wheel drive vehicles were also available within the organisation in the case of an emergency.

People were supported by a service in which the manager kept their skills and knowledge up to date by on-going training, research and reading. They attended the organisations manager meetings where they could discuss recent policies and best practice. They also attended external training and seminars. They shared the knowledge they gained with staff at staff meetings or supervision.

There were effective quality assurance systems to monitor care and plan ongoing improvements. The manager carried out a self-assessment of the service provided which was linked to the CQC fundamental standards. The operations manager also carried out monthly operation visits to monitor the validity of the manager's assessment and provided support and supervision for the manager. The organisation also arranged an annual unannounced external audit which consisted of a team of Somerset Care auditors. This could be a general audit, or specific to a theme for any service not meeting their business objectives or where there were identified areas of concern.

The quality assurance audits included audits of medication practices and records, together with audits of care plans. Where audits identified shortfalls, an action plan with dates was put in place. The manager explained that the audits of medicines had identified staff were not always signing that creams had been applied. They had informed all staff this would be managed through the medicines error policy. This meant staff would, with their team leader, carry out reflective learning of why they had failed to record the medicines properly. The manager confirmed this had resulted in a marked improvement in the recording of medicines within the service.

The provider was accredited by 'Investors in People' (this is an assessment scheme that focuses on good business and people management).