SCIL Continuing Care Community Interest Company

SCIL - Unity 12

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 17 and 22 December 2015. The inspection was announced as the service provides domiciliary care and we wanted to make sure that somebody was in the office who we could talk with about the service.

We previously inspected this service on 15 November 2013 where no concerns were identified.

SCIL - Unity 12 provide a range of services to people living in their home in packages of care designed to meet their needs. These included support for people to recruit and manage their own personal assistants. They also provided personal assistants to deliver personal care to individuals. At the time of our visit they were providing care to 13 people who had a range of physical or learning disabilities.

A registered manager was not in place, however the provider had appointed a manager who was undergoing the process of registering with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were not always receiving effective care. Mental Capacity Act assessments were not being completed on behalf of people who lacked capacity to make certain decisions. Staff had not received training on the Mental Capacity Act and it's application in care settings.

Staff had received supervisions but not regularly. This had been identified and plans were in place to improve the frequency and quality of the supervisions. Staff training was comprehensive and ensured staff had the knowledge and skills to support people.

The provider had not regularly audited the service to assess, monitor and identify where the quality of the service could be improved. This meant that the service had not been regularly checked by the provider to ensure it met current regulations and was fit for purpose.

The provider managed their responsibility to ensure people were safe by training staff in safeguarding and having policies and procedures in place to respond to abuse. Staff knew how to identify and report any signs of abuse. Risks to people whilst receiving personal care had been assessed and steps taken to minimise the risk to people.

There were sufficient numbers of staff to deliver the care people required. Staff were recruited appropriately with checks made of their suitability to work in people's homes.

Where medicines were required to be administered by staff appropriate systems were used to ensure this was done safely.

Where people required support with nutrition this was included in their package of care. Staff helped people to choose the support they required with preparing and assisting them with their meals. They also assisted people to attend medical appointments and shared communications with visiting healthcare professionals.

People enjoyed positive relationships with staff who worked in their homes. Staff knew the people they supported well and included them in all decisions about their care. People were encouraged to give their opinions of their care and felt that staff and managers listened to them.

Care plans were personalised and highlighted important information, history, likes, dislikes and preferences of people. These were regularly reviewed and people were able to make changes if they wished to. When people's needs changed these were clearly shown in the care plan.

There was a clear culture within the organisation and service of providing the lifestyle people wished to have. Staff worked with people to maintain skills and independence. People and staff said the service was well managed and the manager was approachable. The manager had some systems in place to monitor the day to day quality of the service.

Summary of findings

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

People felt safe as the provider had systems in place to recognise and respond to abuse. Staff received training in safeguarding

Risks associated with the delivery of care were assessed and steps taken to minimise that risk. Medicines were administered appropriately.

There were enough suitably skilled and knowledgeable staff to support people when they required them.

Good

Is the service effective?
The service was not always effective

Systems were not in place to record or assess decisions made in respect of the Mental Capacity Act.

Staff supervisions had not been regularly held although informal systems were in place to enable staff to speak with the manager regularly.

Staff received sufficient training to give them the knowledge and skills to support people and meet their needs.

People received support to manage their dietary needs if required. People were supported to attend medical appointments.

Requires improvement

Is the service caring?
The service was caring.

Staff knew people well and involved them in all aspects of care. People expressed their views on their care to staff and the manager and were listened to.

Staff responded to people with dignity and respect and ensured their privacy was maintained. People were encouraged to maintain their independence.

Good

Is the service responsive?
The service was responsive

People were involved in the assessment of their needs and in developing their care plans. They were involved in reviewing and updating these.

People were encouraged to share their experiences, concerns and complaints. There were effective procedures in place to manage complaints.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The provider did not carry out regular audits of the quality of the service.

People and staff were aware of the positive culture that was person – centred and aimed to include people in their care.

The service had taken appropriate steps to recruit a suitable manager who was undergoing the registration process.

SCIL - Unity 12

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 17 and 22 December 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 in. This inspection was carried out by a single inspector.

Before the inspection we had looked at the reports from our previous inspections along with other information we held on the service. We also looked at notifications about important events which the provider is required to send us by law.

During this inspection we met and spoke with the manager and administrative staff in the agency office. We conducted telephone conversations with three people who received a service from SCIL – Unity 12 and two relatives of people. We also spoke with six members of staff.

We looked at five people's care plans and associated records of care. We looked at five staff member's records of recruitment, training and supervisions. We also looked at management records, policies and procedures, information on accidents and incidents, complaints and administration of medicines records and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I always feel safe when my personal assistant comes in." Another person said, "My personal assistant makes sure that I am safe throughout their visit and when they leave." A relative said, "I have no concerns when leaving [person] with the carers, they have always made them feel safe."

The provider ensured people were protected from harm and abuse by providing training and policies for staff to follow in safeguarding. Staff told us, "we have all been trained in identifying and reporting abuse", "If I saw anything or somebody told me they were being abused, I would have no hesitation in telling the manager." A relative said, "Staff have told me about their training and what they know about keeping [relative] safe. I know they would listen to [relative] and they would report any concerns they have."

The safeguarding policy used by the provider gave clear guidance on different types of abuse and how to identify if abuse was occurring. Guidance was written for staff on when they should report concerns and who to. The manager had recently attended update training on this topic and had identified the need to update the policy in line with changes by the local authority. They had discussed this with the chief executive of the provider organisation. The manager demonstrated their understanding of their policy when talking about a safeguarding concern that had been reported to them and they had referred this to the local authority safeguarding team. We saw how this had been investigated by the manager and recommendations they had shared with the safeguarding team.

There were robust recruitment processes in place that made sure staff were knowledgeable and suitably experienced to meet the needs of people. The manager explained how they matched staff to the requirements identified by the person. Each person had identified characteristics, age, experience and gender of the staff they wished to support them. One person told us, "I wanted to have a male member of staff so we could talk about sport and books." The person told us they had two male personal assistants in their team of staff who supported them. All new staff undertook disclosure and Barring services (DBS) checks. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff files contained two references from previous employers and certificates of training they had attended.

People were involved in identifying and managing risk associated with their care needs. When people were referred to the service, the manager and care co-ordinator carried out visits to the person in their home. They identified the care required with the person and identified potential risks to the person that could occur during delivery of care. They also carried out an environmental risk assessment which included the rooms being used, access and security to the home and the use of any equipment within the home. This was particularly relevant when discussing equipment used to move the person and to aid their mobility. Risk assessments were written based on the needs within the care plan and were designed to ensure the safety of the person and staff whilst carrying out the activity. For example, one person's care plans had identified concerns around care of pressure areas. The risk assessment identified daily checks on specific pressure areas of the body, and advice for staff on keeping nails short and not to wear jewellery. The person said, "Staff are aware of the risk with my skin and I have only once had to ask a new member of staff to take off a bracelet when assisting me."

Where people required support with their mobility, moving and handling risk assessments had been carried out in consultation with health care professionals. Where particular equipment was used in an individual's home, members of staff were taught to use that equipment and where necessary two staff were detailed to work with that person. We saw one person required support to transfer from their powered wheelchair to bed and shower. Each transfer had specific care guidelines and risk assessments in place. Staff were assessed as to their competency to support with moving and handling by the relevant health professional.

People and their relatives told us about the staff support they received. Relatives said, "We had problems when we first received support and there were a couple of times when staff did not attend," and "We recently lost a member of our staff team, but the new girl has fitted in perfectly and we haven't missed any times." The manager showed us the staff allocation scheme they used. Staff and people were able to access an on-line service which posted up rosters of

Good

Is the service safe?

staff for an individual person. People had a group of regular care staff who provided the majority of care hours to that person. Where staff were required to cover staff on leave or off sick, the care co-ordinator would try to find another member of staff who had worked with the person before. This ensured people were supported by staff who they knew and who knew their needs. One person said, "They (the office staff) are very good at letting me know if staff are delayed or not going to visit me. Sometimes the manager or care co-ordinator will come out if they can't find someone." An on call service was available where staff and people could contact a senior member of staff out of office hours. This had meant 'missed' calls were known about and staff were detailed to visit the person.

People's medicines were administered by suitably trained staff. Where people required support with their medicines this was identified during the initial assessment of needs. In one person's care records we saw they had identified they wanted to be responsible for their own administration of medicines. A risk assessment was written to identify how the person could manage to self-medicate. This showed the person wanted staff to check when they arrived if they had taken their medicines. Staff were aware of the medicines the person took and monitored daily the number of tablets in the packaging. This was recorded in the person's daily care record. Where people's relatives were responsible for administering medicine this was clearly marked in the person's care plan. For people who required staff to administer medicines these were recorded on a medicine administration record (MAR). The MAR records were checked each month by the manager or care co-ordinator to ensure all medicines had been administered correctly and there were no gaps in administration.

Requires improvement

Is the service effective?

Our findings

People and their relatives felt the service they received was not always effective. People told us, "It's difficult when you have a new member of staff as they don't really know me", "My care plan can be changed and I am involved in talking about it with staff", "Sometimes staff did not come when they should have." A relative said, "generally staff know what they are doing and are very helpful to me as well as [person]".

Staff had not received training on the Mental Capacity Act 2005 (MCA). One member of staff told us they were aware of the MCA but this had been from their previous employment. 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. Some people were known to require support with important decisions but there were no specific mental capacity act assessments in their care plans for particular decisions. For example one person was unable to verbalise their needs around their care. Whilst this had been identified by their relative and staff, their care plan did not contain information concerning how decisions were made that were in the person's best interest.

The failure to assess mental capacity and determine best interest decisions for people who lacked capacity was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us their supervisions had not been occurring regularly. One member of staff said, "I've had two supervisions in the last year. However, I have been able to speak regularly to the manager by phone and when I pop in to the office." Supervision is a process for staff which offers support, assurance and learning to help staff development. One member of staff said, "I have only been working for the company for three months and had one supervision. Although my manager joined me on a visit to see how I worked with the individual." Other staff said, "Supervisions have been a bit hit and miss over the last year," "I have one booked next week and will use it to talk about the person I am working with." One person said, "Sometimes I get to see the manager when they visit to check staff are supporting me properly. It's good to know staff are being checked up on."

Staff said they had received a lot of training. Comments included, "The training is really good, especially when we learn about specific aspects of conditions people may have." "There is enough training but a lot of it is on-line courses. I would prefer to do it in a classroom." The subjects covered by the on-line courses included safeguarding, general moving and handling, medicine administration, food hygiene and infection control. Some training was specific to the needs of individuals which included understanding of medical conditions and care needs. These were delivered in the organisation's offices.

When new staff began working for the provider, they attended an induction course. This was in line with the care certificate, which sets standards for the induction of new staff within social care services. The manager explained how they used a meet and greet system to introduce new carers to people.. One person told us, "It is good that I can choose staff and that I can meet them before they came to work with me. The meet and greet gives me a good idea if I am going to get along with them." When new staff began working with a person they worked alongside a more experienced staff until they were familiar with the person and their home. A member of staff said, "we get to know people well before we can work on our own with them."

Consent to care was sought by staff before they delivered care to people. Staff commented, "I always tell the person what I am going to do and wait for them to agree", "I won't do anything with the person until I am sure they understand what I am going to do and they have agreed for me to do it." This view was shared by people who said, "My personal assistants always ask me for my permission before doing anything for me." Consent to care and treatment forms had been signed by people and were in their care records where people had the capacity to consent.

People received support with eating and drinking according to their assessed needs in their care plans. Where people had identified they required support with meals and drinks this was identified as one of the tasks on the care plan for each visit. This detailed what staff had to do and included if they had to prepare a meal or heat up a pre-prepared meal. Staff told us, "We always check with the

Requires improvement

Is the service effective?

person what they want to eat and identify changes they may want to make." Another staff member said, "I always check with the person and offer choices when available." People said, "[They] listen to what I want and make sure that I have a drink left out when they leave."

People's health needs were identified as part of the assessment process. This also identified health care professionals who were involved in care and treatment for the person. There was information available for staff on medical conditions the person was known to have. Clear guidance and instructions were in place for staff to follow should the person require support with their health concerns. Staff told us they had supported people to attend medical appointments or had been involved in discussions with health professionals who visited the person. These discussions had been recorded in daily care records so that other staff would be aware of any changes to the care made by health professionals.

Good

Is the service caring?

Our findings

People and their relatives told us about the close positive relationships they had formed with their personal assistants and the office staff. People's comments included, "Nothing is too much trouble for the staff, they really do go out of their way to care for me." and "It is so important to have carers that I trust and respond to me." A relative said, "The personal assistants are amazing. I couldn't get by without them and the way they care so much for [relative]." Another relative said, "We tend to have the same carer and when they are not available we know and like the girl who comes in."

People received care from staff who knew and understood their needs, history, likes and dislikes. For example one person's care records identified they had Huntington's Disease (HD). They had joined a local support group and staff had attended this with the person in order to develop their own understanding of this condition. Staff had asked for training about HD and the manager had arranged for this to happen. Information about the condition and ways to support people were in the care records and referred to in their care plan. Staff told us, "[Person] has HD and has been so open in telling us what this means to them and how it has affected them. We respond to them based on how they tell us they are feeling on each day. Some days they are better than others and we listen to them and what they want doing on that day."

People were encouraged to express their views and staff responded by giving them information when required. One person said, "I know I can ring into the office and talk to the manager about any concerns or to give them feedback on my carers." "The manager and staff always keep me informed of any changes to my staff or times they can visit."

The manager confirmed they had always encouraged this with people and made time to speak to people whenever they phoned up. One member of staff said, "The person I support has difficulty with speech but their relative has helped me to understand them better by the gestures and noises they make." The manager informed us they had made a referral to an advocacy service for one person in order to give them someone independent they could talk to about their views on their care.

Staff told us how they made sure they protected people's dignity and privacy when they worked with them. Staff said, "I always knock and callout when I let myself in to the person's home." "I always make sure the curtains are drawn when I give the person personal care in their bedroom and make sure doors are closed when they are in the bathroom." "I always think of how I would like to be supported when I support people. I hope that shows in the way I speak to people and show them respect. People said, "When I am being washed the girls always cover my bits with a towel." "They always tell me what they are going to do when I have personal care and make sure I am alright with it."

Staff told us how they tried to support people's independence and encouraged them to help themselves. One person's care plan identified the support they required with teeth cleaning. This identified aspects of the task the person could do on their own and parts they required help with. Staff were aware of this and said, "It may only be one part of the care plan but it is important to the person to have something they can still do for themselves." Other people and their relatives told us how they were involved in regular meetings with the team of staff who supported them and agreed changes in care plans when their needs changed.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. Relatives said, "We had one carer who my relative did not like, it took us some time to sort it but the manager listened to us and changed the member of staff." "We've had to change some times of the visits and they have always managed to do that to suit us." One person said, "I've spoken to staff about a change in my routine and within a week the care plan was changed and staff changed how they worked with me."

People's care plans were personalised and they were involved in writing them. One person said, "When I first starting using SCIL the manager came to visit me and found out the type of support I required. They had the assessment from the hospital and the nurses. They asked me about what I liked and my choices and how I preferred to be supported. They wrote a care plan and discussed this with me to make sure it matched my needs." Care plans we saw included information on people's likes and dislikes. They reflected the personal choices people had made on the times they required support and identified key tasks that were important to people.

Care plans were fundamental to the person centred care delivered by staff. They contained sufficient information with details of all aspects of care that needed to be delivered. Staff told us, "The care plans are very good", "I have no problems delivering care as I just check in the care plan what needs to be done", "I always check with the person that the care plan is accurate and agree with them what they want me to do."

People were involved in maintaining their skills and independence. One person's care plan showed a range of options for staff to follow based on the fluctuating needs of the person. For example around mobility, their care plan identified when the person was having a good day they could move around their home without support. On other days their movement would be painful and they would need to use their wheelchair. Staff understood this person's needs and checked with them upon arrival how much mobility they had that day. The person said, "Staff always check with me what I feel I can do and encourage me to be as independent as possible. That is so important as I don't want to be in a wheelchair every day."

People's changing care needs were identified promptly and care plans were reviewed to reflect these. One person told us, "I have just begun to use the service and have arranged a flexible approach to the care I receive. Every Monday the manager rings me to discuss what I require support with for this week and when I want staff to visit me. My needs are going to change as my treatment continues. We are prepared for that and I will start to use more hours when I require extra support." The manager told us they had arranged this with the commissioners and were billing them weekly for the hours the person required rather than have a contract for a specified number of hours per week.

Reviews of care plans were held regularly and changes agreed to care plans were updated on a weekly basis. This ensured information in care plans was current and responsive to changes in people's needs. When people were referred with conditions that were unknown to the service, the manager sought advice and training for the staff team working with the individual. For example, the manager had recently agreed a care package for someone concerning end of life care. The manager had attended training on care planning for end of life care and arranged training for staff on how to deliver end of life care. This meant staff could develop skills to provide appropriate care for the individual as their needs changed. The manager was looking at further training in order to support staff and relatives when the person died.

People were encouraged to share their opinions and experiences in a number of ways. The manager and care co-ordinator conducted regular telephone interviews to check with people if they were happy with the service. People and relatives told us they liked this contact, "I don't ring the office often as I know they will be ringing me regularly," "Communication is very good. I know that staff always have time to listen to me." Records were made of these contacts which the manager reviewed at the end of the month to ensure appropriate action had been taken. When people had spoken with care staff these were recorded in the daily notes where information needed to be passed on to other care staff.

The provider had a comprehensive complaints policy and procedure in place which was available for people to access. One person said, "I've got no reason to make a complaint, but if I ever did I would speak or write to the manager." The manager maintained a file for complaints which included copies of the provider's policy and the

Good

Is the service responsive?

procedure used to investigate complaints. We saw the last complaint received by the service and how this had been responded to by the manager and provider. Although this had not been resolved we could see all actions taken were appropriate and timely within the response times of the provider's policy.

Requires improvement

Is the service well-led?

Our findings

Some quality assurance processes were in place. However, the provider had not carried out regular audits of the quality of the service within the last year. These audits assess and monitor how the service is meeting the regulations. Where necessary these identify any actions the provider requires to take to make improvements to the service. This meant that safety concerns around delivery of care were not identified and the provider had not judged if the service was fit for purpose. Part of this audit includes the review of records to ensure they were accurate and had been reviewed by suitably skilled and knowledgeable staff. A situation had occurred where some care records did not match the care provided. By not reviewing records as part of the audit process the provider had not been aware of this. This placed people at risk of receiving care that was not appropriate to their needs.

The failure to assess, monitor and improve the quality and safety of the services provided is a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The manager had recently implemented systems to review care plans and care records regularly, checking these were current and completed appropriately. Audits of medicine administration records were carried out every month. The manager and care co-ordinator carried out checks of daily record sheets and the files kept in the home every time they visited the person and when they observed staff. The provider informed us they had prepared an audit tool for them to monitor the quality of the service on a regular basis and would begin to use this in January 2016.

There was not a registered manager in place at the time of our inspection. the provider demonstrated how they had recruited for a manager and confirmed they had applied to CQC to register this manager. The manager had recently completed their interview with a registration inspector from the commission and had undertaken a DBS check for this role.

The service had a clear vision which people and staff told us was based on the principal to enable people to live the lifestyle of their choice. The parent organisation is run and controlled by people who have experience of living with a disability. They aim to change the way disabled people are viewed, included and valued for who they are and what they contribute to society. The services provided were designed to be personalised, empowering and enabling for people.

One person said, “I am involved in all aspects of my care and my personal assistants have enabled me to stay within my own home. I have been able to maintain many of my normal activities and even develop some new interests.” This was a view shared by a relative. “Without the support we’ve had I couldn’t have coped with work and looking after [relative]. The carers are more like friends than carers.”

The manager had been working within the service as a care co-ordinator prior to their appointment as manager and had got to know people and their relatives well. People said, “The manager is very good, they know what we need and know the kind of staff we get on with.” “Things are well organised and [manager] makes sure things run smoothly”. Staff told us, “Manager is very good”, “I feel very well supported from the office”. “Shifts are organised and I know when I am going to work so I can plan my life.”

Following feedback from staff, the manager had identified the need to increase supervisions for staff and also look at training that was more appropriate for staff learning styles. The manager had prepared a supervision plan for the next year with regular meeting dates for each member of staff. The manager’s training plans showed training staff had received, when updates were required and planned training events for staff. This ensured staff training was regularly monitored and updated.

A service user quality questionnaire had been completed within the last year by a number of people and their relatives. This gave people the chance to comment on the quality of the service and identify improvements. Nearly all of the responses were very positive about the standard of care received with just one concern about staff not arriving on time. This had been investigated and showed that extra time spent on a previous call and traffic problems were the cause of the late arrival of staff. A review of procedures followed which led to reminders to all staff to notify the office of delays so they could contact the people to inform them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People's capacity to make decisions was not always assessed and decisions made were not recorded as in people's best interest. Regulation 9 (2) (3) (a).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure services were assessed, monitored and improved by the use of a regular quality audit. Regulation 17 (1) (2) (a).