

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Scott Care Limited (Medway Branch)

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Scott Care Limited
Registered Manager	Miss Lisa Jane Arney
Overview of the service	Scott Care Limited (Medway Branch) is a domiciliary care agency providing personal care to people in their own homes in the Medway and surrounding areas. At the time of our visit, care provision was for older people, including short term care for people who had been discharged from hospital; people with a physical disability; and people with mental health problems.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The inspection was carried out by two inspectors. They spent five hours in the office of the service looking at records and speaking with staff. They spoke with relatives, people who used the service and staff members by telephone after the inspection. People who used the service had a range of needs related to difficulties with mobility, communication and sensory impairment. Some people were experiencing dementia. People were not always able to answer our questions due to difficulties with communication and we spoke with relatives to gather their views.

During this inspection, we set out to answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?

We found that the service provided by the agency was safe. We looked at how medicines were managed and found that where problems were identified they were addressed. We spoke with the manager of the service and senior staff about the management of medicines and improvements that needed to be made to practice.

We found that they had a robust recruitment procedure that they were following to ensure the people they had employed were suitable to work with vulnerable people in their own homes.

Is the service caring?

People were supported by staff who were kind and attentive. All of the people we spoke with told us that the staff were polite and friendly. We saw cards and letters received by

the service from people expressing their thanks for the care they had received. One person thanked the service for "All the help your staff have given me" and a relative said they wanted to thank the service for "All the kindness" they had shown to their family member.

Is the service effective?

We found that most people who used the service felt that it met their needs. People told us that the care was good and one person commented on the willingness of their staff as "They offer to do anything else I want as well". Relatives we spoke with told us that care was delivered in line with assessed needs.

Is the service responsive?

People's needs had been assessed before they started using the service. When their needs changed, care plans were updated to reflect what support was required. We saw that systems were in place for reviewing care plans. Assessments were detailed and reflected a range of care needs such as mobility and sensory impairment.

Is the service well-led?

People told us they were able to raise concerns with the manager. We saw that suitable systems were in place to assess and monitor the quality of the service. This included spot checks, telephone surveys and questionnaires for people who used the service and their relatives and monitoring of significant events by the manager of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with were positive about the care they received from the service. One person said they were "Very pleased" with the service and another person said the staff were "Brilliant". One relative said the staff were "Reliable" and described them as "Very good". One person had concerns about the timing of calls and we saw that the agency was in the process of addressing this.

We reviewed X care files. We saw that assessments had been carried out before people started using the service. Assessments included consideration of particular needs such as those related to mobility, tissue viability, communication and special dietary needs. Environmental risk assessments were in place that included information about any particular steps taken to reduce risks. We saw that equipment used by service users within their home were detailed as well as information about who maintained it. For example, we saw that one person had a bath seat provided by the NHS but the stair lift had been installed privately. This meant it was clear to staff who they should contact if there was a problem with equipment in the home.

We saw that care plans were regularly reviewed and updated as required. For example, one person's plan was updated more regularly as they requested changes to the care they received. We saw that requests from family members had also been taken into consideration in the development and review of care plans. For example, a relative requested additional support when their family member was no longer attending a day centre and needed a further call. This was accommodated and documented.

We observed staff in the office making and receiving calls from relatives, people who used the service and professionals. We heard that staff were polite and informative when speaking with people over the telephone. They responded appropriately to concerns. For example, we heard that staff arranged for further support to be provided for a person who had additional needs as a result of their deteriorating health. The care coordinator contacted appropriate professionals to arrange additional assessment and support. They

arranged for their own risk assessor to revisit the person to establish how their needs had changed and how they needed to adjust the service they provided by putting in an additional call in the evening. This showed that the service was responding to people's needs.

The staff member managing this issue told us that although this person had no family they would contact a friend who was the next of kin. This showed that staff had ensured that appropriate people were informed when there were concerns about people's changing health needs. We spoke with the senior staff member who had supported the person during an incident on the day of our inspection. They described how they managed this situation in order to ensure that the person was safe and received appropriate treatment. This showed that they had acted to protect the welfare of this person.

We looked at the systems in place to manage the situation if a person was not at home when the staff called. We saw that all missed calls were recorded on a form and steps were taken to establish why the person was not at home and/or answering their door. Staff will report to the office if people do not open their door and one of the care coordinators told us about the steps they would take to ensure that the person was safe such as contacting their families and social services if required. We saw that all missed calls were documented. This meant that any issues could be followed up appropriately.

The service had an 'on call' system that provided support and guidance for staff when the office was not open. Staff were able to request guidance if they were unsure about any aspect of a person's care. This meant that suitable support was available for staff in order to meet people's needs when they required it.

We looked at how accidents and incidents were documented at the home. We saw that appropriate records were kept that recorded information such as how the accident or incident had occurred and what steps had been taken to manage the situation. This meant that the manager was able to monitor accidents and incidents and couple take steps to prevent further accidents where possible.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way in which medicines were managed by the service. We saw that when people required assistance with taking their medicines this was clearly outlined in their care plans. For example, we looked at a care plan that showed they would need to have certain eye drops administered at particular times of the day and detailed where they were kept in the house. It detailed that they had been prescribed by the GP. This showed that staff had guidance to ensure that people received their medicines as prescribed.

The provider may wish to note that in some people's care plans it was recorded that their medicines should be administered and /or prompted from a dossett box that had been prepared by family members. This is a box that is used to store a supply of medicines for administration on a particular day. However, The Royal Pharmaceutical Society guidelines for care say this is secondary dispensing as the medicines have been prepared by a third party and not the pharmacy. This meant that the medication given or prompted may not be what the person's doctor had prescribed.

We saw records that showed that staff were trained in how to administer medicines and document this administration appropriately. Staff were trained as part of their induction and further information and guidance was available from senior staff as required.

All staff had been enrolled to undertake further training on medicines through a twelve week course. We looked at the training materials for this course and saw that it covered many aspects of medicines management such as the supply of medicines, storage and safe disposal of medicines and the role of responsibility of the care worker in relation to the management of medicines. This meant that staff were given support to gain a better understanding concerning the management of medicines and their role and responsibilities.

We spoke with staff about how they administered medicines. They told us that they followed the instructions in the care plans and would seek further guidance if instructions were not clear. They showed they understood their responsibilities for ensuring that medicines were administered as prescribed.

We spoke with the care coordinator about how they would manage the situation if there was an issue to do with the supply of medicines. They were able to describe the steps they would take to ensure that people received their medicines. For example, they would contact family members and appropriate medical professionals if required. This meant that people would receive their medicines as prescribed.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place.

Reasons for our judgement

We reviewed six staff files to assess if they contained all of the information they needed to meet the legal requirements for workers.

We saw that before staff started working in the service, appropriate checks were completed through the Disclosure and Barring Service (DBS) to ensure that they were suitable for working with vulnerable people. We also saw that three types of proof of identity had been obtained for each staff member. Appropriate references had been obtained, including a reference from the most recent employer. This meant that necessary checks were undertaken to make sure the staff who look after vulnerable people were of good character.

All applicants who were taken on as staff had completed health questionnaires to confirm they were physically and mentally fit to undertake the work required of them. They had been interviewed and records showed that they had been asked about any gaps in their employment.

We observed five staff undertaking induction training in the office on the day of our inspection. This is an eight day course that is run by an external company. The course ensured that staff who are starting with the service receive the appropriate training they need to meet the needs of the people they support. We observed staff undertaking training on the safeguarding of vulnerable adults. We saw that it included information about types of abuse and how to report concerns as well as the responsibility that individual staff members have for reporting concerns. This meant that staff received suitable training to protect people who may be vulnerable from harm.

We reviewed the training materials used in the induction. We saw that there was a wide range of topics covered that would help staff to gain the skills and knowledge they needed. For example, we saw that on the first day of the induction, staff had been taught about health and safety. This included information about the legal framework and the responsibility of individual staff members. We saw that staff were also provided with a code of conduct and guidance concerning confidentiality. This showed they received guidance concerning the expectations of them as care workers.

We spoke with the trainer who provided the induction training. They had appropriate expertise in social care and were able to provide informed guidance. This meant that staff were trained and supported by a trainer who was able to provide suitable guidance. We saw that staff undertaking the induction training completed written work and produced a portfolio that evidenced their learning. This showed that staff had engaged with the learning and understood the information and would be able to apply it to their practice.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with ten staff members. They were positive about the support and training they received. One staff member said that they wanted more face to face training to support the use of DVDs but other staff members felt that the DVDs provided them with the information they needed to carry out their jobs effectively. All of the staff we spoke with confirmed that they received regular supervision in order to support them to do their jobs and that spot checks were regularly carried out to check that the care they provided was in line with assessed needs.

We looked at the supervision records that were kept by the service. They showed that staff were regularly supervised and supervision meetings included a review of training needs and feedback from the manager concerning work performance. This meant staff were supported to do their jobs.

We saw that all of the staff who worked at the service regularly updated mandatory courses to ensure that they kept their skills and understanding up to date. For example, courses such as medicine management, moving and handling and fire awareness were updated. We saw that the manager maintained records concerning what training staff had completed and an electronic system would alert them if staff needed to refresh their training. This meant that the manager was able to monitor when staff needed additional training to carry out their jobs well.

We saw that staff had access to additional training and they could pursue further qualifications if they wished to. For example, all of the people who worked for the service had been enrolled on a twelve week accredited course about caring for people with diabetes. This showed that staff were supported to gain further qualifications that were relevant to their role. We spoke with the Director of Operations and they told us that staff could access additional training such as courses regarding risk assessments and courses relating to leadership and management. Staff were given opportunities to undertake further training in order to develop their skills.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We looked at the systems in place to monitor and assess the quality of the service. Telephone surveys as well as questionnaires were used to gather the views of people who used the service as well as their relatives. We saw that there were analysis of the results of questionnaires which were carried out each year. They were last undertaken in June/July 2014, and they had yet to be analysed. The manager explained that used the information to improve the service and followed up on any areas where concerns had been raised. This meant that areas for improvement could be identified and any issues or trends could be addressed.

We spoke with one of the care co-ordinators about how they managed complaints when people raised them. They were aware that people had the right to raise complaints and they understood the need to refer people to the manager if they were not able to resolve the concern in a timely manner.

People who used the service spoken with told us they had a copy of the complaints procedure in the information they received when they started using the service. This was kept in their home and they were referred to this procedure if they wished to raise a concern. We looked at the records the service kept concerning complaints. People also told us that they would speak to the manager if they were not happy with the service provided, and they were confident action would be taken. We saw that complaints the agency had received were fully documented and it was clear from the records that steps had been taken to resolve complaints to the satisfaction of the person making the complaint. For example, we saw that a complaint received at the beginning of the year had been investigated fully by service working in cooperation with the local authority. We saw that the complaint had been resolved satisfactorily. We looked at other complaints and saw that summaries of complaints were maintained that included the date when the complaint was received and when it was resolved. This meant that it was possible to monitor if complaints had been resolved and if people were happy with the outcome.

We spoke with the Director of Operations concerning the checks they undertook to ensure that the quality of the service was maintained. They told us about the previous experience

they had in the management of social care services and the role they undertook in relation to quality assurance. As they had a relevant background, they had the skills and understanding required to carry out checks effectively and ensure suitable standards were maintained. They told us that they checked the audits that the agency had undertaken and made sure that appropriate action had been taken where necessary. For example where it was reported that gaps had been found on Medication record sheets, they made sure that the staff concerned had been supervised and refresher training had been arranged. This meant that audits were undertaken at different levels so the provider could be sure any shortfalls would be recognised quickly to ensure a consistent quality service.

The manager told us about the checks they used to ensure that all records were appropriately completed, reviewed and fit for purpose. We saw that they undertook regular reviews of the care records and assigned particular tasks to their team leaders to update records as required. For example, we saw the tasks assigned to one team leader included reviewing care plans on a particular day. We saw that the team leader had also been assigned spot checks to ensure that staff were completing care tasks in an appropriate manner in line with their training and with the assessed needs of the person who used the service.

We spoke with a senior staff member about the spot checks they did. They were able to describe for us what kind of areas of care they checked. We saw that spot checks were documented and checks were carried out concerning areas such as the communication skills and hygiene skills of the staff member. We saw that for one staff member it had been identified that they needed to improve their appearance as they were wearing trainers and this is not allowed under the dress code. This meant that the spot checks had been effective in identifying when an improvement was required.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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