

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

Scott Care Limited (Sittingbourne branch)

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Tel: 01795508860

Date of Inspection: 06 August 2014

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September 2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to 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 Ltd is a registered domiciliary care service that provides care and support services for older people and young adults with learning disabilities, physical disabilities, sensory impairments and/or mental health issues in the Sittingbourne area.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 6 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The inspection was carried out by two inspectors. They spent six hours in the office of the service looking at records and speaking with staff. Following on from the visit to the agency office we spoke with relatives, people who used the service and further staff members by telephone to gain their views and experience of the service.

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? and 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. People we spoke with said that they were happy with the service provided and they felt safe in the hands of the staff. We looked at how staff had been recruited and saw they were now undertaking all the required checks to ensure staff were suitable to work with vulnerable people.

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 there were cards and letters received by the service from people expressing their thanks for the care they had received. For example one person had written in to thank the service for "All the care your staff gave my mother".

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 "many of the carers stay a bit longer than they should to make everything is done". Relatives we spoke with told us that care was provided in line with assessed care and support 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 personal care, preparing food and drinks and prompting medication.

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.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The service had a policy on consent for staff to be able to reference. This meant that there was written guidance available to staff about matters concerning consent.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Records showed whether people had the capacity to consent to decisions about their care. We saw an example of a person having signed an assessment of their needs and signed a record giving their consent to the care being provided. We also saw an example where it had been recorded that a person had been unable to sign because they were unable physically, the agency was in the process of adding a box to the form that could be crossed to indicate agreement. This meant that there were systems in place to obtain people's consent in relation to the care being provided.

During the inspection we saw that a staff member contacted a person to obtain their consent to share their email address with us. This meant that staff obtained people's permission before sharing this information with us.

We spoke to a total of ten service users, they told us that someone from the agency had visited them before or as the care started and they were asked what care they required. They told us that they were asked what time they would prefer calls and how they would like staff to assist them. Most of the people spoken with remembered signing to say they agreed with the plan once it was written up. One person told us "The care plan was in place on the first day but not before the first carer started, so I had to explain what I needed doing to her. I have signed it." Another person said "Yes the first visit was an assessment where they discussed what they could do to help me" I received a copy of the plan after that". This showed the people were given the opportunity to discuss their care needs and agree to them when they received a service from the agency.

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's needs were assessed and care and treatment was planned in line with their individual needs. We saw that an assessment of people's needs had been completed that included information about people's health such as whether they had high blood pressure.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, we saw that risk assessments had been completed in relation to health and safety and manual handling. One person's records showed that they needed support from two staff to ensure their safety, a staff member we spoke with confirmed this and recent daily notes showed two staff had provided the care. This meant that care was provided to people that ensured their welfare.

Care was delivered in line with people's care plans. For example, one person's care plan required staff to transfer them between their bed and a chair using a hoist. We spoke with a staff member who visited this person and they confirmed that they used this equipment to safely transfer this person. We saw an example of a record that showed that this instruction was followed by staff. This meant that staff followed the care plan in place to meet people's needs safely.

The provider may wish to note that people we spoke with or their families were asked if they had continuity of staff providing their care. We were told generally that the same staff visit had them most of the time. That changes in staff usually happen when their main care worker or care workers go on holiday or off sick, however they told us they were not told who would be coming instead. One person said, "There have been four carers who came this week but I know that the lady who came for the first three days is now on holiday. We know that there are lots of holidays at the moment". Another person told us, "We have regular carers during the week but at weekends we never know who is coming. This was also mentioned by other people we spoke with. People also told us that they would like to know who is coming when it is not going to be their main care worker and this was unsettling for people living alone in their own homes. This meant that although people had been allocated care workers, the continuity was not maintained, and people were not being kept informed.

The service was caring towards people. One person we spoke with told us that a staff member had visited them when they were unwell. The staff member had supported them to get into bed and ensured they got what they needed while medical advice was sought. Another relative referred to carer as being "Diamond". A record showed that a relative had commented that the staff member had "Showed real caring in attitude and ability". This meant that people received care from staff who were caring towards them.

The service was responsive to people's changing health needs. For example, we saw a record that showed a staff member had contacted the office to report a health concern for one person. Records showed that this matter was referred to a health professional to follow up. During the inspection we heard a staff member make a telephone call to the health professional to follow up this matter. This meant that the service reported concerns about people's health and followed up such matters to ensure people's health needs were met.

There were arrangements in place to deal with foreseeable emergencies. We saw that the service had a written plan in place that provided instructions for staff to follow in the event of an emergency at the service. For example events that might cause unavoidable delays. We saw that this involved telephoning people to inform them of the situation. The manager told us that they would use their all-terrain vehicle to reach those who were not contactable by telephone. This meant that there was a written plan in place for staff to reference in the event of foreseeable emergencies.

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

The service had policies in place in relation to medication. We saw that these included the steps to follow if there was a medication error. We saw that these policies had been recently reviewed. This meant that there was written guidance available to staff about the management of medication.

There was written information about the medication people took on their care records. We saw there was a written record on people's files. A staff member we spoke with told us that they used this information as reference when they visited people. Staff were provided with written information about people's medication needs to be able to reference when administering medication.

The provider might find it useful to note that the system in place to record the administration of medication wasn't always effective. We were told that staff recorded this information on three different records. When we checked people's records, we saw that people had received their medication but it had not always been recorded in all three areas. This meant that not all staff were recording this task consistently.

All staff had completed training in medication. We saw a record that showed that staff had recently undertaken this training. This meant that all staff had been given the necessary information to be able to deliver this aspect of care safely.

There was a system in place to check staff were competent in relation to medication. We saw two records of a competency test undertaken on two staff. Staff we spoke with demonstrated that they had a good understanding of the process for administering medication. For example, staff knew they needed to wear gloves when handling medication. This meant that staff only administered medication when they had been assessed as safe to do so.

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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the previous inspection on the 27 November 2013 we found that the agency had not been following an effective recruitment policy and procedure and this meant that the people they employed may not have been of good character.

During this inspection we found that the recruitment policy and procedure had been vigorously followed and staff who the agency employed had gone through all the necessary checks to ensure people's safety.

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 Duty 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 such as Passport, Driving licence and utility bill had been obtained for each staff member. Appropriate references had been obtained, including a reference from the most recent employer. They had been interviewed and a record of the interviews was on file. The records also showed that they had been asked about any gaps in their employment. This meant that the agency was following a robust recruitment procedure.

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.

We spoke with five staff about the recruitment process they had experienced and they confirmed the information which we had seen on file.

We also asked staff about the induction that they had received before they visited people out in the community. The training they had received included some face to face training and some training by watching videos. All topics had been followed up with tests for the care worker to complete. We saw these completed tests on the staff files viewed, they covered all the subjects trained such as moving and handling, first aid, health and safety and safeguarding. The manager said that they asked the staff to complete these tests so that they could be sure that staff had understood the training they had undertaken. This

meant that new staff received the training they needed to care for people in their own homes safely.

Staff also told us that they also had to read and become familiar with the agencies policies and procedures, these included the safeguarding, medication, and confidentiality policies. Staff explained that they also shadowed more experienced staff when they first started; this meant that they were introduced to the people that they were likely to be caring for. This meant that the agency took steps to ensure that staff had the knowledge and skills to care for the people that they visited.

We saw that where staff used their own cars for traveling between the people who used the service they had given copies of their cars MOT and their car insurance. These were seen on individual staff files, Staff spoken with explained that they had to bring these in the office every year. This showed the agency tried to make sure staff were as protected as possible when using the own cars for work.

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 to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment. We saw that there was a system in place to provide people or their relatives with the opportunity to feedback about the service. For example, we were told that telephone surveys were undertaken four times a year. We saw that a survey had been completed by telephone earlier this year, however, the analyses was not available. We looked at the twenty five surveys completed and saw that the feedback had been positive. We saw a record that showed when a senior staff member visited people to conduct a review of their care or to follow up on a matter they had raised.

We saw an example of a recent feedback questionnaire that was completed at each annual review of people's needs. It showed that the person was happy because staff stayed the full length of time, they had a regular team of carers, they arrived on time and always met their needs. The people who we had spoken with who had been receiving a service for more than a year told us that they had received a questionnaire from the agency asking them to comment on the care they had been provided. This meant that there were systems in place for people or their representatives to feedback about the service they received.

There was a system in place to provide staff with the opportunity to feedback about the service. We saw that group supervision was held. We saw the most recent records of these meetings that showed matters such as uniforms, the use of the on call telephone number and the process of administering medication were discussed. This meant that there was a system in place for staff to feedback about the service and to be kept updated about matters related to the service.

The service had a system in place to manage complaints and information on display about the compliments the service had received. We saw that there was a complaints policy and procedure on display in the office. We saw a record of a complaint that had been concluded. It showed that the complainant had received an acknowledgment of their complaint within the timescale specified in the policy. The complainant had been informed of the outcome of the investigations, a week outside the specified timescale. People we

spoke with told us that they had raised matters they were unhappy about with the service. For example one person told us "I have key safe to be used in emergencies only, one carer used it to let herself in, I contacted the office and they have dealt with it". This showed that complaints were taken seriously and action was taken to improve the quality of the service

The provider may find it useful to note that another person told us they had complained about the young carers rushing them; the staff in question were spoken with. However following this the staff that had been spoken with then barely spoke and were in a huff. This meant although staff had been spoken with about their provision of care, they did not act appropriately when they visited again, this may put people who used the service off complaining in future.

We saw that the service had received a number of cards from people or relatives thanking them for the care they provided. One card showed that the relative had been appreciative of the shaves a staff member had given their relative. This meant that positive feedback was on display to staff when they visited the office.

There was evidence that learning from incidents took place and appropriate changes were implemented. There had been a recent incident related to medication. We saw that the service had responded to this by ensuring all staff refreshed their training in medication. The service updated their medication policies and the written guidance on the template to record the administration of medication. This meant that the service took steps to prevent such an incident from reoccurring.

There was a system in place to monitor service delivery. For example, whether staff arrived on time and stayed for the agreed time. This involved an electronic system that alerted the staff at the office if a staff member was fifteen minutes late. The office staff could then contact the staff member to find out why there was a delay. This system was not routinely used to monitor staff time but we were told that it could be used should staff notice a pattern of late calls for a person. We saw that there was an alternative system in place for people who were not on the telephone. This meant that there was a system in place to monitor that the time care was delivered was in line with people's care plans.

There was a system in place to monitor whether care was delivered in line with people's care plans. We were told that the daily notes staff completed were returned to the office at the end of each month. This was because staff checked them and then filed them. We saw one person's notes had not been returned to the office since April 2014., However, the manager explained that when the team leaders had undertaken spot checks and reviews the daily notes had been reviewed at that time. This meant that daily notes had been monitored to ensure care was delivered in line with the person's needs

There was a system in place to ensure that staff provided people with the relevant information they needed. We saw that the service used a comprehensive check list that included whether the complaints procedure had been discussed with the person. This meant that there was a process to monitor whether people had been well informed about the service.

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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