

SCC Agency limited

SCC Agency Ltd (trading as South Coast Care)

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 12 and 14 September 2018 and was announced.

Following the last inspection in November 2017, we asked the provider to complete an action plan to show what they would do and by when to improve all key question(s) to at least 'Good.' At the previous inspection we found four breaches of Regulation for 11 (consent), 12 (safe care and treatment), 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had worked to address these breaches. We did not find any breaches of regulation at this inspection. However, the service was not always Well-led. People did not always receive a well-coordinated or reliable service. At times people's care was late. Communication was not always proactive between the office and people who used the service. This was being addressed by the registered manager and new care manager at the time of this inspection. Policies and procedures required review to update in line with best practice and legislative changes. We recommend that the service updated their policies and procedures.

Not everyone using SCC Agency Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the agency provided personal care to approximately 102 people living in their own homes in the West Sussex areas. The agency supported people living with a variety of identified needs, including those who may be living with dementia, mental health, older people, younger adults, people living with physical disability and sensory impairment.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were assessed with risks also being considered. When people required support with their medicines, this was managed safely. Risks associated with infection control were managed safely and care staff used protective equipment such as gloves and aprons.

Staff were supervised and received appropriate training, 'spot checks' and competency checks to make sure they were skilled in their roles.

Staff and the management team understood the basic principles of the Mental Capacity Act 2005 and people were asked for their consent before interventions and care was provided.

People told us that care staff were kind and compassionate and people valued the support provided to them by the agency. Care staff aimed to provide responsive, person-centred care to people.

Complaints were listened to and responded to appropriately.

People and those who were important to them, were involved in the review and planning of their care.
People were involved in decisions about their care.

People did not receive end of life care at the time of this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

People were safeguarded from abuse by staff who understood how to report concerns appropriately.

Risks were assessed for people and mitigating actions taken to reduce risks.

People were protected from the risks of infection.

Medicines were managed safely for people when care staff supported this.

Lessons were learned when things went wrong.

Is the service effective?

Good ●

The service was Effective.

People's needs and choices were assessed and people received support to eat and drink enough.

Care staff had the right skills to support people appropriately. Their practice was observed during regular supervision and observed practice of their abilities and competence in their role.

The agency supported people to access healthcare services as they required them.

Care staff and the management team understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring.

People received a service from kind, compassionate care staff.

People were supported and encouraged to maintain their independence when they were able.

Privacy and dignity were maintained. Records were held securely and in line with current Data Protection requirements.

Is the service responsive?

The service was Responsive.

People were involved in decisions about their care and care needs were reviewed.

People felt able to raise complaints when they needed to and complaints were responded to appropriately.

End of life care needs were understood although people did not receive end of life care at the time of this inspection.

Good ●

Is the service well-led?

The service was not always Well-led.

People did not always receive a well-coordinated service in a timely and reliable way.

People's views were considered in the day to day running of the service.

The provider had improved the quality of the service from lessons learned.

Governance systems monitored the quality and safety of the service.

Requires Improvement ●

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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 12 and 14 September 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 12 September 2018 and ended on 14 September 2018. We visited the office location on 12 September 2018 to see the manager and office staff; and to review care records and policies and procedures. We also shadowed care staff and observed them in their roles with people, on the 14 September 2018.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information within notifications sent to us by the provider. Notifications contain information about specific events and incidents that the provider is required to tell us about in law. We reviewed the feedback we received from the local authority business support team.

We spoke with the registered manager, new office manager, office coordinator, three care staff, a care team

supervisor and sought the views of the West Sussex County Council (WSCC) 'lead professional' from the care and business support team. We also spoke with six people and five relatives using telephone calls to seek their views. We visited two people in their own home when we shadowed care staff during lunchtime care visits to them. We also reviewed the responses to nine questionnaires completed by the care staff who worked for the agency.

Care plan records were reviewed for five people who used the service, which included risk assessments of how their care was delivered safely for them. Records were viewed for five care staff which included, recruitment checks, staff supervision and spot check records, and training. We looked at records for accidents and incidents, policies and procedures and quality assurance processes which provided us with information about how the provider managed the quality and safety of the service for people. We also reviewed the provider's action plan following our previous inspection in November 2017.

Is the service safe?

Our findings

At the previous inspection in November 2017, the key question of 'Safe' was rated as 'Requires improvement.' We had found a breach of Regulation 12 (safe care and treatment) because risks to people were not always adequately assessed or managed. At this inspection we found that risks to people were now safely managed.

Medicines were managed safely. The local authority medication policy was used by the provider. Staff received training and completed competency questionnaires to show their understanding of the correct procedures to follow. Observations were also completed by senior care staff and the management team to watch staff in practice. This made sure that staff gave medicines to people safely. People and their relatives said that medicines and creams were given correctly. However, people were able to take their own medication or lived with a relative who was able to do this for them. A relative told us, "They (staff) apply her creams according to instruction and are careful when doing so." A person said that, "They (staff) ensure I take my medication, they wear gloves and aprons."

Systems for checking that medicines were given safely to people had been improved since our last inspection. Audits were now completed by the care coordinator based in the agency office and the medication administration records (MAR) and care notes were reviewed and checked for accuracy. The coordinator ensured that key information was included from other assessments completed by social services and the field care supervisors was now included in people's care plan records. The registered manager also checked that this had been completed.

Risks to people were assessed. People at risk of falls were now more closely monitored by the management team with action taken to refer people to appropriate external falls prevention professionals, with their agreement, when this was needed. Care plan records showed that care staff were taking correct action to reduce the risk of falls for people. One care plan stated that staff needed to make sure the person had their walking frame close to them due to their limited sight, to reduce risks of falling. The provider also supported them to have the use of a medication 'patch' reviewed with their GP. A reduction of falls had been recorded following this positive intervention for the person.

People and their relatives told us they felt safe with the staff. We asked a person if they felt safe with the agency staff and they said, "Oh yes, they'd (staff) do anything for me, especially since I came out of hospital." They also said, "they (staff) help me with my shower, I normally wash myself down myself but since I came out of hospital I've needed a bit more help, they've been wonderful, I cannot fault them." Another person said, "I do feel safe yes. I get incredibly anxious around new people and taking my clothes off in front of people fills me with dread, but as I've got to know the girls they've made me feel at ease and I have 4 or 5 carers who I am 100% confident with now." A further person told us they felt, "absolutely safe" with their carers and said, "They are there for me when I take a bath, so I do not slip or have a fall getting out."

People were safeguarded from the risks of abuse. Care staff completed safeguarding training with competency questionnaires to check their understanding of the correct procedures to follow. We spoke to

care staff who knew the correct process to follow to relay concerns if they happened. This included contacting the local social services department or the Care Quality Commission (CQC), as well as referring concerns to the management team at the agency. One member of staff told us they had, "Never had to raise a safeguarding myself but I know what I have to do (tell management)." We asked them what they would do if there were concerns about the management. They said, "I would report it, either to CQC or social services."

There were sufficient numbers of suitable staff. People and their relatives told us they had regular staff. One relative said, "We are very happy at the moment as we have regular carers, they know the ropes and (person name) very well which is a blessing as he can be quite forgetful." Another person's relative told us, "He (person) never feels rushed," and that, "the hour visit works perfectly with his routine at home." One relative told us that carers were often late but understood that this was due to traffic congestion. They confirmed that the office usually let them know if they were running late, but sometimes they had to call the office to check when staff would be coming. The agency was in the process of recruiting additional staff to support with the ongoing continuity of care staff for people.

Risks of infection were managed safely. Staff used protective equipment such as gloves and aprons appropriately. People and their relatives told us staff wore gloves and aprons when they supported them with personal care. The management team took appropriate action when there were risks of infection. For example, one staff member had long acrylic nails which they were asked to cut due to infection control and safety reasons. This had been addressed by their next supervision.

Lessons were learned when things went wrong. The provider had worked to address the concerns raised at the previous inspection. We received feedback from West Sussex County Council that the registered manager had engaged with them to improve the quality and safety of the service. There was also an incident when a staff member hadn't used protective equipment correctly. This had been addressed by the registered manager who sent all staff a reminder to use gloves and aprons correctly.

Is the service effective?

Our findings

At our last inspection in November 2017 the key question of 'Effective' was rated as 'Requires improvement.' We found breaches of Regulations 9 (person-centred care), 11 (consent) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the registered manager had addressed the previous shortfalls and there were no breaches of Regulation in this key question.

People received a personalised service from staff who sought their consent. People's needs were assessed before they started the service with the agency. An 'assessment monitoring form' was completed by the office coordinator to check that care files for people's 'medication assessment', other 'risk assessment' and the 'initial assessment' were clearly included in care plans. There was also a question to consider a person's 'mental capacity' if they had not 'understood' the assessment process. At our last inspection we found that there was a lack of understanding or clarity regarding the Mental Capacity Act (MCA). This had improved. 'Lead professionals', from the West Sussex County Council (WSCC) care and business support team had provided support and awareness sessions to the service following our previous inspection which had benefitted the registered manager and staff understanding of the MCA. These professionals confirmed the provider had improved their understanding of the Act. Staff had "pocket MCA guides" and the registered manager said were "more aware of the Act." Staff competency questionnaires were completed which showed that there was improved understanding of the MCA. The registered manager had introduced MCA assessment forms which we were shown. They told us that they had not needed to use these as yet because people who currently used the service did not lack the mental capacity to make day to day decisions regarding their care from the agency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. The MCA Code of Practice states that a person's capacity must be presumed unless proven otherwise and that assessments are time limited and decision specific. When a person may lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People received a service from competent staff with the right skills. People told us that staff had the right skills and experience to support them in the way they wanted to be. One person said, "The staff are all trained before they start the job," and, that they, "felt comfortable that they [staff] know what they are doing." A person's relative told us, "they [staff] are trained to assist safely and encourage in that sense." We observed staff followed correct infection control techniques and saw that people received their medicines correctly. Staff completed competency assessments of certain areas of their organisational training which ensured they understood the training content. A 'training matrix' was completed which showed staff completed training for various topics which included food hygiene, medication and other relevant subjects for their roles.

Staff received regular supervision with senior staff across the agency and 'spot checks' were completed

which involved a care team supervisor observing them with people. We reviewed records for spot checks. Spot checks and supervisions were used effectively to support staff and to identify any areas of practice which required improvement. One spot check noted that a member of staff wasn't using their aprons correctly. Appropriate follow up action was recorded for this to be reviewed at the next spot check. Staff received regular reminders and updates from the registered manager and office coordinator to remind all staff about correct use of protective equipment and completion of required records in people's homes. The registered manager and office coordinator had both completed a 'train the trainer' course which meant they were competent to provide training to care staff. Spot check records were signed by them which validated that staff had been assessed by competent people in their roles.

People were supported to eat and drink enough. We observed that care staff provided meal support and encouragement to people in their own homes when they required this. People and their relatives confirmed that staff supported them appropriately with food and drink. One person said, "Staff make lovely lunches." Another person told us that staff "prepare her breakfast," and, that she "is offered a choice." They also said, "[staff] always leave her with a nice hot drink." Another person's relative said, "Carers [staff] always ensure he has a fresh juice when they leave."

Staff were aware of the specific dietary needs and risks for people. For one person, staff supported them to use appropriate meal supplements to maintain their weight. Records indicated that the person preferred to 'snack' on foods. A 'food and fluid' chart was completed for another person, which staff updated each time they visited them. We visited them in their home with a member of care staff. The person confirmed that they were, "Very happy, carers have been very helpful towards me and my needs." The member of staff encouraged them to "drink more fluids" and noted after they emptied the person's catheter bag that their urine was "cloudy." The person was prescribed antibiotics following a recent urine infection (UTI). This interaction demonstrated that the staff member clearly understood the importance of encouraging the person to drink more fluids to maintain their wellbeing. Another person needed a 'soft diet' due to an identified risk of choking. Care plan and risk assessment records highlighted the possible risk of choking for the person and ensured staff offered "cut up foods." Only breakfast was currently provided by staff which the care plan stated was usually soft textured cereal which was a low level of risk regarding choking.

People received support to access healthcare services. The registered manager supported people to access healthcare services they needed, within their own home, and confirmed that staff made healthcare appointments for one person. They said, "we make all his appointments for the opticians for him," and "someone comes in and does his eyes at home for him" and "just recently he's had a chiropodist at home." This showed that despite the person choosing not to leave their home to access these necessary healthcare services, that the provider supported them to continue to have their needs met.

The office staff worked proactively with social care professionals. We saw an email exchange between the agency and a social worker which indicated positive communication and advice had been sought regarding a person's wellbeing when they needed to access and move between different health and social care services.

Is the service caring?

Our findings

This key question was rated as 'Requires improvement' at our last inspection in November 2017. We found that the provider didn't always demonstrate awareness and understanding of people's diverse needs at the previous inspection. At this inspection people's needs were more clearly understood. Staff completed an 'equality, diversity and inclusion' questionnaire which showed an understanding of people's different needs and preferences. The registered manager stated the provider and staff were committed to the principles of anti-discrimination as well as being "sensitive to different cultures, preferences and needs." Staff understood how to treat people fairly and equally, regardless of their age, disability race or gender. people's 'protected characteristics' in law, in relation to dementia for example.

People were treated with dignity and kindness by caring staff. A person told us, "They [staff] are really caring, yes, very kind." During the inspection we observed the registered manager communicated sensitively when speaking with a person on the telephone who was distressed. The registered manager told us that a member of care staff had been "freed up" to stay with the person for two hours to reassure and comfort them while they waited for an ambulance. The person had no family nearby who could provide this compassionate support to them when they needed it. This meant that staff had been given the time to care for this person to meet their individual needs, when they needed it. However, the provider was looking to improve the time staff had to spend with people at the time of this inspection and were actively recruiting more staff to achieve this.

People received a compassionate service from staff which supported them to receive the support they needed. Staff provided support to people's main carers with short 'respite' breaks. The registered manager told us how care staff took a person out to provide a break for their loved one. They said that they, "sometimes go to a pub or for a walk along the beach." Records confirmed that the person's relative was, "happy with the break" they get, with support from the care staff.

Positive relationships were developed between people, their relatives and the care staff. People were communicated with in their preferred ways, which included with the use of humour as appropriate. A person's relative told us that they felt the, "staff are very caring," and "we have a really nice main carer who is a little older, so she sings songs with us, and she really has a lovely relationship with [person]." People felt that staff supported them compassionately when they needed it. One person said, "I lost my mum six months ago and the girls [staff] were so lovely. If I needed to chat about it they were there for me. I do not know how they pick their staff, but they are wonderful, truly wonderful."

Staff knew people well and encouraged and maintained people's independence when they could. One person told us that, the care staff were, "good as gold" when discussing if they were caring and kind. They said that they had regular care staff and had, "got to know them all quite well." The person lived with Parkinson's disease and told us they could have, "good and bad days" and as a result their needs change a lot. Some days they were able to, "do more than others" but care staff all "encouraged him to do more." We reviewed questionnaires completed by care staff who worked for the agency that we had asked them to complete. All responses indicated that the care staff believed that, "The care and support I provide helps

people who use this service to be as independent as they can be."

People's privacy was protected by staff and a registered manager who ensured that all data for people was held in accordance with new legislative requirements in a secure way. New legislation was to become effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. People felt that staff respected their privacy. One person said, "If I do have a bad day they'll sit and listen. My privacy is maintained, they don't interfere in my life."

Is the service responsive?

Our findings

At our last inspection in November 2017, this key question was rated as 'Requires improvement.' We had found that the provider had not adequately assessed people's cultural and diverse needs to include those under the Equality Act 2010. We also found that complaints had not been recorded or used to continually improve the service provided for people. At this inspection, care staff were more aware of people's individual needs and preferences and complaints were recorded appropriately.

We found that people's concerns, complaints and views were listened to and responded to appropriately. There was a complaints procedure. We reviewed the agency's complaints records. For one complaint appropriate external agencies had been made aware of the person's complaint and the matter had been addressed and responded to by the agency. No further action had been required. Another person said that they had, "never had cause to complain with any issues" and said that, "the office is good with communication." People told us that they knew who to raise any concerns to, should they arise, but also noted that they hadn't needed to make a complaint.

People's concerns and complaints were addressed. For example, one person told us how they had experienced a "clash of personality" with a member of care staff. They said, "I phoned the office and told them, and she's never been here since." They also said that the matter was, "dealt with promptly and very well" and that "the manager sorted it right away." This demonstrated that people felt able to raise their concerns and that outcomes were positive for people when they did.

People told us they were involved in the planning and review of their care needs and that care met their individual needs. One person's relative told us that they had been involved with the planning of their mother's care. They said, "My brother, mum and I had a meeting with the manager to discuss mum's needs and how she would like things done." They also told us that their mother had, "agreed to the care" she received. A person confirmed they were involved with their care plan and explained they had, "recently had a review, when the manager came to my home and interviewed me and updated the care plan." Another person confirmed that they had been involved with the planning of their care and said, "they [staff] came in and talked over the folder thing to make sure I am happy with everything and that it's all working fine, which it is. They are doing a marvellous job. I wish I could have them longer."

Care staff aimed to provide a service that was responsive to people's individual needs. For example, one person told us that the "carers are great" and "I had a throat infection and they got my antibiotics which stopped me going into hospital, I can't fault them." We spoke to the member of care staff who had collected the medication for the person. They said, "I had the 'on call' phone and the out of hours doctor phoned me bank holiday weekend. It was a Sunday and I drove to Hove to pick up the out of hours prescription. The Dr said that [person] had to take the prescription because otherwise they'd have to go to hospital." This proactive and committed approach was valued by the person and also prevented them from having to be admitted to hospital which they did not want to do.

Staff were aware of and provided appropriate support to help people communicate for those who had a

visual or hearing impairment or who lived with a disability. Staff worked in line with the best practice legislation, namely the Accessible Information Standard (AIS). This legal standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. The registered manager told us that for one person who had an identified "communication difficulty" that a 'This is me' document had been completed for them which provided staff with an "easy read" document for person who lived with dementia.

People did not receive end of life care from the agency at the time of this inspection. We saw that people who may have chosen not to be resuscitated did not always have clear information in their records to inform staff of their wishes. Following this inspection, the registered manager provided us with information that demonstrated this had been addressed appropriately and staff had the information they required to make sure people who wished to be resuscitated and those who did not was clear. Care plan folders identified if people did or did not wish to be resuscitated with a 'DNACPR' form in place when required. These forms are completed by a medical professional, either with the person or in the person's best interests if they are not able to give their views of their care at the end of life. When this is in place a person would not be resuscitated. This enabled people to die with dignity when it had been professionally agreed that resuscitation was not appropriate.

Is the service well-led?

Our findings

At our last inspection in November 2017, this key question was rated as 'Inadequate.' The registered manager did not previously have adequate systems and processes to effectively monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice for the breach of Regulation. At this inspection we found that the requirements of the warning notice had been met and that there was no longer a breach of Regulation. However, at this inspection we rated this key question as 'Requires improvement' because there had not been sufficient time to demonstrate that the improvements were embedded and sustained in practice. We also found an area for improvement and made one recommendation about improvements to the service.

We found that the organisational policies and procedures required review and update to remain in line with national best practice and legislative guidance. Policies had not been updated for three years and some contained out of date information. We recommend that the service seek support and training, from a reputable source to ensure that policies and procedures reflect current best practice and legislative guidance.

We reviewed the provider's care records which detailed care delivered to people. The service used an electronic system which care staff used to log the time they arrived and left a person's home. At least six of these records showed that care staff were not staying with people for the full amount of time. Some reasons for this were recorded by staff. We discussed this with the registered manger and new manager. The registered manager stated they would review this with the new manager and bring to care staff attention that they need to be more consistently staying the full amount of time with people. This an area that requires improvement.

There were clear aims and objectives for the agency that were recorded within the organisation's 'statement of purpose.' One of the aims and objectives was, 'to provide a homecare service which has involved all relevant associates, identifying and implementing a personal outcome focused care plan which reflects customer's needs.' At the time of this inspection a new care manager had started to work with the agency. The registered manager, who was also the registered provider, hoped to be able to register the new care manager as the registered manager for the service. This would give them more time to focus on improving the service and recruiting more permeant staff which they recognised was a priority for the service.

People and their relatives were positive about the service but at times had commented that the reliability and timeliness of the care provided could be communicated more clearly. One person's relative said, "I feel they [staff] could communicate this better to us, if they are late or changing staff members." A person told us that they do not like to get up early, but like to get dressed before the afternoon. They said, "I know it's not the fault of the carers, they are put on, but I feel that this would be avoided with more staff." They also said that they felt a bank team would work well to cover sickness. They told us, "I have an email to tell me who is coming each week, the time is on there, but they are very rarely on time."

The governance framework had improved since our last inspection. The provider had improved the quality and safety of the service by responding appropriately to the areas for improvement noted in our previous inspection report in November 2017. Audits were completed for key areas of the service provided, with actions that had been taken when concerns such as gaps in paperwork were identified. Clear actions took place following concerns raised at spot checks for care staff. These were then followed up with a supervision or additional spot checks which ensured the previous issues had been addressed appropriately. Surveys were completed which sought the views of people who used the service. A survey was completed in February 2018. The feedback from people was mostly positive with the only area for improvement being the communication between the office and people when care staff were running late. Positive comments included, "Very good service, professional and organised. Care staff are excellent." A further positive comment was, "We have been very pleased with south coast care team of care workers. Efficient, polite, reliable and caring. It's nice to have the same carer regularly and on time."

The registered manager and office staff worked positively with health and social care professionals. Email correspondence evidenced that the office coordinator and management team worked proactively to communicate with the commissioners of care for people when there were concerns which required action and / or advice.