

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

SCA Care (Poole and surrounding areas)

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Meeting nutritional needs	✗ Action needed
Management of medicines	✗ Action needed

Details about this location

Registered Provider	SCA Care
Overview of the service	SCA Care is a domiciliary care service that provides care to people living in their own homes. It only provides services to adults. People using the service are visited by care workers at different times of the day. They are provided with help and support in accordance with a package of care designed to meet their individual circumstances.
Type of services	Domiciliary care service Rehabilitation services
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether SCA Care (Poole and surrounding areas) had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Management of medicines

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 25 January 2013 and 5 February 2013, 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, reviewed information we asked the provider to send to us and were accompanied by a pharmacist. We reviewed information sent to us by commissioners of services and reviewed information sent to us by other authorities.

What people told us and what we found

We visited SCA Care (Poole and surrounding areas) on 25 January and 5 February 2013 to review three warning notices related to missed visits or unsafe care or support. The warning notices detailed specific breaches of the Health and Social care Act 2008 (The Regulated Activities Regulations 2010) in relation to supporting people with personal care, nutrition, and the administration of medication. We reviewed a compliance action in respect of the dignity and respect afforded to people who received a service from SCA Care.

We talked to six people who received a service from SCA Care, and seven relatives of people supported by SCA Care. We spoke to the manager, three locality managers and seven care workers. We also received information from the provider and the local authority.

We found the agency was generally polite and respectful when communicating with individuals or their families.

People did not experience care or support that met their needs and protected their rights because people's care or support was not always delivered in line with their individual care plan.

We found that people were not protected from the risks of inadequate nutrition and dehydration because the provider did not ensure people were always supported to be able to eat and drink sufficient amounts to meet their needs.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

What we have told the provider to do

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During the last inspection in December 2012 individuals we talked to told us they had encountered significant and persistent difficulties making contact with the SCA Care office in Poole to attempt to address difficulties or ask for help. In addition, people we spoke with told us that the office staff had been rude or disrespectful when they contacted SCA Care to ask for help.

At this inspection we found that overall people's privacy and dignity were respected when they contacted the SCA Care office. We noted the office atmosphere was calm and that phone calls were answered politely.

Three of the six people we spoke with told us they had sought assistance from office staff. They told us they had been able to telephone the office and the phone had generally been answered. Comments we received included "they are excellent" and "the [office staff] are all right". One person and a relative we spoke with said the office systems still required improvement as they had struggled to speak with somebody about their concerns.

When talking to office staff they told us about the enormous pressures they had experienced during November and December 2012. They said that there were still difficulties with their workload and that this impacted on the service people received. However, the office staff told us they attempted to contact people when changes were required to their service. In addition they told us that changes to the out of hour's system had improved outcomes for people. People we spoke with commented that office staff were polite and tried to resolve the issue the individual had experienced.

All of the people and relatives we spoke with commented positively on the individual qualities of care workers. We received a range of positive comments which included "there are some wonderful carers"; "I have no complaints at all about the carers", "the carers are absolutely fine".

Discussions we had with care workers and other member of staff evidenced they were committed to meeting people's needs. One care worker said to us, "continuity is becoming

better" and another said phone calls to the office were being responded to.

We also saw a compliments letter to service thanking SCA Care and commenting positively about the care workers.

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

Our judgement

The provider was not meeting this standard.

People did not fully experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

At the last inspection in November 2012 we found SCA Care had numerous missed or late calls to vulnerable people living in their own homes.

We warned SCA Care that the service provided from their office in Poole needed to comply with essential standards of care in relation maintaining people's physical health and wellbeing by 21 December 2012. At this inspection we reviewed whether the support or care people needed had been delivered as planned.

During this inspection we spoke to people who used the service, their relatives and care workers to find out if care or support had been delivered as planned by the agency. One individual told us they had "no problems recently at all". Another individual said SCA Care "seem to be alright at the moment". A relative we spoke to confirmed this, adding "they are turning up and have improved". A member of staff told us "things have improved a lot, missed calls have improved dramatically".

Five of the seven care workers we spoke with described some improvements in the support people received. Care workers told us that they were now receiving their rota's, although six of the seven care workers told us these still contained some inaccuracies. Care workers said in general people were getting more regular care workers in comparison to the issues experienced by people in November and December 2012.

We spoke to the provider about care worker travel time. The provider informed us care workers received an adequate amount of time in which to travel between support visits. We looked at five 'SCA Care – Carer Timesheets' for the week commencing 21 January 2013. We found three overlapping visits and noted that 35% of the planned visits allowed no time for care workers to travel between people's homes. Three relatives we spoke to told us care workers regularly arrived late. One relative we spoke with said "it is upsetting to [my relative] when carers are late or different carers arrive". Three individuals in receipt of a service from SCA Care told us care workers often arrived late. One person said "they came late one day this week and I didn't think they were coming, I have to ring the office and find out who is coming and I don't like it". Four of the seven care workers we spoke

with told us travel time between people's homes was still problematic. One care worker said they had seven calls to cover in one evening during the period of our inspection with no travel time allowance. On another day in their rota they said they had three calls that overlapped. We asked them how they would manage their visits where they had no allowed travel time or they had two visits that overlapped. They said "I will need to cut a visit short to make sure all calls are on time". This meant the provider continued to fail to plan how people's care needs were to be met and be delivered in line with their agreed visit times.

The provider informed us of eighteen missed visits to people SCA Care supported between 4 and 31 January 2013. Of these missed visits the provider informed us that four people's safety had been assured by gaining support from either relatives or other organisations including the local authority. The provider informed us that ten of the remaining fourteen missed visits did not have a significant impact on people's health or welfare. However we noted that eight of the ten people did require assistance from the agency to maintain their health or social care needs. For one person, we saw that their missed call meant they had not received support with continence. The provider told us this person was found by the next care worker 'still in bed, badly soiled, pads not changed'. This meant that SCA Care had not ensured these people's needs were met safely.

Four relatives and two people told us that whilst the support they or their family member received had improved from December 2012 it was still problematic. One relative said care workers were often late and their family member had two missed calls in January 2013. They told us that the schedule of which care worker was covering the call did not always correspond with the care worker who arrived. Another relative confirmed this stating "at the weekend the schedule can be blank". This relative told us that for their family member continuity and routine were important because of their physical and mental health. They said that in addition to missed calls in January 2013 sub-contracted agency workers did not always arrive on time or stay for full length of visit. This meant SCA Care had failed to ensure people's care was delivered to meet their individual care needs.

The local authority informed us they observed a care worker who did not have the correct protective equipment for disposing of bodily fluids. The local authority informed us that the care worker had used a carrier bag rather than protective gloves. A relative raised other infection control issues with us. They told us that some care workers used the same protective gloves for firstly personal care, and then food preparation.

At the visit on 25 January 2013 we found that whilst some improvements had been made with regard to the safe delivery of care, missed/late visits and unsafe or inappropriate care this still required further action. As a result of these failings, the warning notice issued on 5 December 2012, had not been fully complied with.

Following the inspection we shared our concerns regarding the findings from this inspection with SCA Care. They advised us the Chief Executive of SCA Care would provide additional management support to the Poole office to support them whilst making the required improvements. SCA Care agreed to submit updates to CQC on a weekly basis.

We will closely monitor the action plan updates received to ensure improvements are being implemented fully and that actions have been undertaken to ensure the safety and well being of people supported by SCA Care.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not fully protected from the risks of inadequate nutrition and dehydration.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

At the last inspection in November 2012 we found SCA Care had numerous missed or late calls to vulnerable people living in their own homes.

We warned SCA Care that they needed to comply with essential standards of care in relation maintaining people's physical health and wellbeing by 4 January 2013. At this inspection we reviewed whether the support or care people needed had been delivered as planned.

The provider and the local authority informed us of eighteen missed visits to people SCA Care supported in their own homes between 4 and 31 January 2013. Of these, we noted nine people did require assistance from the agency to maintain their nutritional and/or hydration needs. This meant that these people were not supported to be able to eat and drink sufficient amounts to meet their needs because SCA Care had failed to ensure that this person's care was delivered. Three of the seven relatives we spoke with advised us of missed visits that had adversely impacted upon people's nutritional or hydration needs. One commented "there have been several occasions when [my relative] has not had their lunch because the carer is too busy". Another relative told us they had needed to visit their family member to ensure they had something to eat and drink. A third relative told us care workers were meant to make their family member a hot drink but that this was not always offered. They told us this was important because the individual was at risk of injury when making hot drinks. A care worker also raised concerns with us stating "people are not getting adequate care".

One person required support from SCA Care to maintain their food and fluid intake. We found this person's record had significant recording gaps where we could not sure the individual had received the support they required to ensure their nutrition and hydration. In addition, we found a significant number of fluid monitoring charts did not have totals for the amount of fluids the individual had consumed. This meant care workers would not be easily able to recognise when this person was at risk of dehydration. The records did not evidence the agency had taken any action when the person's health may have been compromised through lack of fluids or food.

At the visit on 25 January 2013 we found that whilst some improvements had been made

with regard to the safe delivery of care, missed/late visits and unsafe or inappropriate care this still required further action. As a result of these failings, the warning notice issued on 20 December 2012, had not been fully complied with.

Following the inspection we shared our concerns regarding the findings from this inspection with representatives of SCA Care and advised of their failure to comply with the warning notice. They had developed an initial action plan following the inspection. They advised us that the Chief Executive of SCA Care would provide additional management support to the Poole office to support them whilst making the required improvements.

SCA Care will submit updates to CQC on a weekly basis. We will closely monitor the action plan updates received to ensure that improvements are being implemented fully and that actions have been undertaken to ensure the safety and well being of people supported by SCA Care.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

At the last inspection in December 2012 we found SCA Care had numerous missed or late calls to vulnerable people living in their own homes.

We warned SCA Care that they needed to comply with essential standards of care in relation maintaining people's physical health and wellbeing by 4 January 2013. At this inspection we reviewed whether the support or care people needed had been delivered as planned.

We visited the main office and looked at the management of medicines by speaking with staff and checking medicines and care records. We followed up concerns and issues that we had found at previous inspections.

We discussed training for staff and how competencies were checked. We saw that staff had received training on medicines handling, and that a refresher session was booked for the week following our inspection. We saw that medicines policies and procedures were available for staff, and we were told that these were being re-organised and updated.

We looked at records for 21 people and found that nine people's records had gaps in the medication charts where it had not been recorded whether medicines had been given or not. This meant it was not possible to tell whether people had received their medicines in the way they had been prescribed for them. We found that detailed information on doses given was not always available with people's records.

We found records for one person where creams and other prescribed medicines had not been given for 10 days as there were no supplies available. We saw some records that showed that staff had reported this problem, but there was a period of six days where it appeared that no action had been taken to chase up the supplies. There was no record of who was responsible for arranging supplies, and staff told us they were not sure who usually obtained them. There was no record that this person's doctor had been informed that they had not received their medicines for 10 days.

At the visit on 5 February 2013 we found that whilst some improvements had been made with regard to the management of medicines, but that this required further action. As a result of these failings, the warning notice issued on 20 December 2012, had not been fully complied with.

Following the inspection we shared our concerns regarding the findings from this inspection with representatives of SCA Care and advised of their failure to comply with the warning notice. They advised us that the Chief Executive officer of SCA Care would provide additional management support to the Poole office to support them whilst making the required improvements. SCA Care will submit updates to CQC on a weekly basis.

We will closely monitor the action plan updates received to ensure that improvements are being implemented fully and that actions have been undertaken to ensure the safety and well being of people supported by SCA Care.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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