

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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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
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Scott Care Limited
Registered Manager	Mrs. Jane Prentice
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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Requirements relating to workers	7
Supporting workers	8
Complaints	10
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 7 December 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During this inspection, we looked at records at the providers offices. We spoke to staff and people who use the service to gather their feedback and views.

People consented to the care and treatment they received and were able to make changes to their care packages when they needed to. Records were accurate and up to date and reflected peoples' care needs.

Staff were recruited fairly and the service undertook the necessary checks to ensure that staff were fit to work for the service. Staff received support and training that enabled them to deliver care safely and meet peoples' needs.

The provider responded appropriately to complaints and investigated them where necessary. People told us "If I have any concerns or want to change anything I can just phone the office and they sort it all out for me".

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

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

We looked at care records for four people who used the service. We saw that each person had a care plan in place that had been agreed by them or their relative or care professional if they did not have the capacity to make decisions for themselves. We saw that each care plan was broken down into different areas of care and support that people required. There were exact instructions for staff to follow which people had agreed with the service. We saw that care was reviewed on a regular basis and people were able to make changes when they needed to.

People we spoke with told us that they were able to choose the care that they had and the times that it was delivered. We saw in the four care records that we looked at, each person had a plan of the tasks that they needed help with and the times that they needed them. People said "I'm always told if anything needs to change, but usually everything runs like clockwork". This meant that the provider acted in accordance with people's wishes.

Staff we spoke with had a good understanding of when people consented to their care. They told us that they always asked people before delivering any care and talked people through it. We saw records of spot checks and medication competency checks that managers had completed for staff. We saw that managers had commented that people had consented to care and that staff had checked with people that they were consenting to them carrying out the tasks. This meant that people consented to the care that they received.

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 and delivered in line with their individual care plan.

We spoke with people who used the service about the care that they received. People told us that they were happy with the care that they received and liked the staff. They said "They're always very good when they come here, and they're nice and chatty so I feel at ease". Another person told us "I've never had any problems with the care that I receive. The girls are all very nice and know what I like".

We looked at care records for four people who used the service. Each person had a care plan in place that was written with their individual needs taken into account. Each person had a set of risk assessments in place which detailed their level of ability in areas such as mobility, continence and medication so that staff knew the level of support that people required. There were assessments in place for specialist equipment, such as hoists, which people used, so that staff knew how to use them safely when supporting people. Staff we spoke with told us that they were given all the information that they needed about people to support them safely. People we spoke with said "They're very thorough when they come to assess you to make sure that the girls have everything they need to know".

Staff completed daily records for each person which contained information about the care that they had delivered and if there had been any problems. We saw that staff had contacted GP's or people's families if they had been concerned about someone. Staff we spoke with told us that they knew people well. They said "We usually work with the same people so that we can tell if someone isn't themselves. If we have any worries about someone we always let someone know or call the GP". This meant that staff delivered care that ensured people's welfare and safety.

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

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work.

The manager talked us through the recruitment process. We saw that there was a recruitment policy in place, which staff followed when new staff were recruited. In each of the four staff files we looked at, we saw that there were copies of the application forms that people had completed when they applied for a job with the service. There were also copies of the interview questions and answers and the manager had documented why they thought the candidate was suitable for the role. We spoke with staff who described the interview process. They told us that they thought it was very thorough. This meant that recruitment and selection processes were conducted fairly.

We looked at staff files for four out of 30 staff members. We saw that each person had received a Criminal Records Bureau (CRB) check before they were allowed to work with people who used the service. Each person had copies of documents which confirmed their identity including passports, utility bills, driving licences and marriage certificates. Copies had been signed by the manager to confirm that the original had been seen. Staff we spoke with confirmed that they had been asked to take original documents and proof of relevant qualifications with them when they attended an interview. This meant that all appropriate information was checked before people began working at the service.

We saw that the manager had obtained references for people before they were offered a position with the service. These included professional and character references to ensure that the person they were employing was suitable for the role.

We saw that the service uses a computer system for allocating members of staff to attending care calls for people who use the service. We saw that the database holds information of all pre-employment checks that had been carried out. We were shown that new members of staff could not be allocated to people who used the service until all the appropriate checks had been completed. This meant that staff did not work unsupervised until all appropriate checks had been carried out.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

When people started working for the service, they were given an induction. We saw copies of the induction plan which showed what staff covered each day. It included reading through company policies and procedures, completing mandatory training and shadowing other staff. We spoke to a member of staff that was going through their induction. They told us that they thought it covered everything they needed to know and they were able to ask questions if there was anything they were unsure about. Other members of staff told us "I thought it was really good. I started the job knowing everything that I needed to do, and was given all the contact numbers I needed so I knew that support was available at the end of the phone". This meant that staff were supported with their roles when they joined the service.

We looked at training records for all staff. We saw that all staff were up to date with all relevant training that they needed to perform their roles safely. Training was monitored on a database that was also used to allocate staff to care calls for people who used the service. We saw that staff could not be allocated to care calls until all relevant training had been completed. Reports were sent by head office with details of staff that were due refresher training in the next few months so that the manager could arrange training sessions for the staff. This meant that people were supported by staff that had received training necessary to support people safely.

We saw that staff were encouraged to gain additional qualifications such as National Vocational Qualifications (NVQ's). All of the files we looked at contained agreements with staff that they would be supported to achieve an NVQ in care. This meant that staff were able to gain additional relevant qualifications.

We looked at four out of 30 staff files and saw that each person received regular supervision. Managers conducted spot checks of staff while they delivered care to people who used the service which included medication competency reviews. Managers also held additional field based and formal supervision where staff were able to discuss their performance and training needs. In the staff files we looked at we saw that people had supervision at least every six weeks. All of the records we looked at showed that positive feedback had been given and actions set in previous sessions were completed by the next

session. Staff said that they were always able to talk to their manager when they needed to. This meant that staff were supported to deliver safe care.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We asked for and received a summary of complaints people had made and the providers response.

We saw a copy of the complaints procedure that was given to people when they began using the service. The service had a complaints procedure in place that clearly detailed the timescales that they would respond to complaints in and who to contact if people were not happy with complaints. People we spoke with said "If I wanted to make a complaint, I would just give them a call, they're very approachable".

We looked at three complaints that had been received by the service this year. We saw that details of each complaint had been recorded including who had made the complaint, what the issues were and who had received the complaint. We saw that the service had sent letters of acknowledgement to the people who had complained before investigating the complaint. We saw that the service had attempted to arrange meetings with people to discuss the concerns however the complainant had declined as the issues were resolved. We saw that as a result of one of the complaints, changes had been made to a person's care plan, which the person had requested. This meant that the service had responded appropriately to complaints made to them.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

We looked at four sets of care records. We saw that each person had a care plan in place that contained all relevant information about them including details of their needs, who to contact in an emergency and details of any other healthcare professionals that were involved in their care. We saw that where people needed help with their medication, Medication Administration Records (MAR) sheets were completed which recorded medication given. We saw that a person had refused their medication and this had been recorded appropriately and an explanation given. We saw that staff recorded details of the care that they gave during each call and recorded when they had needed to involve other healthcare professionals. This meant that the service kept accurate records that were fit for purpose.

We looked at four staff files. We saw that each file contained records of the staff members interview and recruitment documentation. Copies of relevant identity checks were kept, and copies were signed by the manager to confirm that the original had been seen. Copies of training certificates were kept in each file so that there were records of any training and qualifications that staff had completed. We also saw that copies of any correspondence between the staff members and the service were held on their staff files. This meant that staff files were accurate and fit for purpose.

All records that we reviewed during the inspection were clear and legible. The manager was able to locate all records that we asked for quickly and we saw that they were all stored in locked filing cabinets. This meant that records were stored securely.

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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