Inspection Report

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)

Unit B7, St Georges Business Park, Castle Road, Sittingbourne, ME10 3TB

Tel: 01795508860

Date of Inspection: 27 November 2013

Date of Publication: February 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Scott Care Limited
Registered Manager	Miss Lisa Jane Arney
Overview of the service	Scott Care 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'.

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 announced 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 27 November 2013, talked with people who use the service and talked with carers and / or family members.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Our aim is to speak with a representative proportion of people who use the service. We spoke to 10 people who used the service or their relatives. Most people that we spoke to said that they would recommend the agency. Comments included, "They can't do too much for me"; "'My regular carer, she's a diamond"; and "'The girls are good but the office is not so good"

People said that they were involved in their care and treatment. They said that staff respected their privacy and dignity. However, one person had woken up one morning to find a member of staff standing in front of them who they had never met before.

People had individual plans of care and most people told us that they had a regular team of staff to support them. However, one person told us that they no longer had a regular team this lack of consistency was impacting on their experience of the service.

Selection and recruitment procedures did not ensure that people who used the service were safeguarded.

People said that they felt safe when being supported by staff. Staff knew how to raise concerns with the agency and to external agencies.

Staff had regular training and support to help them carry out their roles, including how to administer medicines.

People were regularly contacted to provide feedback on the level of the service that they received.

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

What we have told the provider to do

We have asked the provider to send us a report by 01 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

People told us that when they first contacted the agency, they or their relative had a meeting or discussion with a representative of the agency. This was so that a joint decision could be made about how their or their relative's individual needs could be met. People told us that they had been involved in developing their or their relative's plan of care and that they understood the care and support that they or their relative were receiving. People had signed their plan of care to show that they agreed to its content. People told us that they felt involved and respected by both care staff and the service; although some people expressed that they felt more involved than others. Everyone said that they knew what support had been agreed with the agency and the times that it would be provided. This meant that people were involved in their care and treatment plans.

The majority of plans of care included prompts for staff to offer people choices, such as what they wanted to eat or what they wanted to wear. When staff described the support that they provided to people, they explained how they made sure that people's likes and dislikes were taken into account. They described the practical steps they took to make sure that people had their privacy and dignity protected while personal care was being provided. Most people who used the service spoke highly of staff in relation to them maintaining their privacy and dignity. One person told us, "My carers are good girls and they treat me with respect'. However, the provider may wish to note that one person told us that they had woken up one morning to find a member of staff standing in front of them who they had never met before. Another person did not know the member of staff who arrived at their front door to provide them with care.

Plans of care included information about how to maintain and promote people's independence. They set out what tasks people required support with and which tasks they could do independently. This meant that people were supported to regain their

independence.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual plan of care.

We saw that before people started to use the service, or shortly afterwards, people's needs were assessed including their mobility, ability to communicate, support with getting out of bed, washing and bathing, managing their monies and medication. Assessments had been made of potential risks in the environment such as any hazards, fire risks and the use of any equipment. This was done in order to help staff to care for people in a way that minimised any risks that had been identified. Everyone had been assessed with regards to their moving and handling. For people identified as at risk of falling, a separate falls risk was completed. This included the equipment that people required and what assistance a person required in all types of transfer. People that required assistance with moving and handling, had guidance in place for staff to follow. For most people, this was a step by step plan guide taking into account people's personal needs and preferences.

We looked at five plans of care that had been developed from people's initial assessments. They contained a useful overview of people's needs and provided guidance to new staff, to help them understand people's needs and requirements. Plans set out the separate routine that staff needed to complete when supporting a person at each visit. For example, one plan stated that a person's life line needed to be in reach and another plan let staff know that the person experienced pain and that they needed to take this into account when supporting them with their personal care needs. This meant that plans of care were 'person centred' in that the person's individual needs were the focus of care.

Staff who we spoke with were able to describe the individual needs of people using the service in detail. This meant that people were being cared for by staff who had a good understanding of how to support them. For example, one staff member told us that a person using the service liked to a set routine when undertaking care tasks. Staff explained how they supported people who presented behaviours that challenged by being calm, patient and giving the person the space to express their frustrations. They explained how they provided personal assistance in an appropriate way. For example, when supporting people to eat they sat down beside them, so that they were at the same level.

Most people that we spoke to said that they would recommend the agency, based on their experience. Comments included, "They can't do too much for me"; "'My regular carer, she's a diamond"; and "My carers are brilliant'.' However, three people mentioned issues about the administration of the service and indicated that this had impacted their confidence in the agency. One person told us, "'The girls are good but the office is not so good".

Staff told us that when they supported people that they made a record of their visit. We looked at some of these records and saw that staff recorded the tasks that they had undertaken. Staff told us that if they had any concerns about the welfare of people who they supported that they would contact a member of the management team and make a record so that all staff visiting this person would be aware. The agency operated an on call system when the office was closed. Staff told us that this system was effective as the on call person could contact a person's family let other people who used the service know that their calls may be delayed. This meant that staff understood steps that would need to be taken to ensure that the welfare of people using the service was protected.

Most people told us that they had a regular team of staff to support them. However, one person told us that they no longer had a regular team this lack of consistency was impacting on their experience of the service. Four people told us that they had made a complaint about timekeeping issues and one of these people said that that they still had occasional late calls. The agency used a call monitoring system. If a member of staff failed to 'pin in' at a person's home, the agency received an alert, which started a process to establish the safety of the person and the member of staff.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Everybody told us that they felt safe with and within the service; they said that they trusted their staff. One person told us, "I trust them altogether and they're very good". Another person told us, "You can trust them and they're very caring". This showed that people had confidence in the service.

The agency had a safeguarding policy which set out the definition of abuse and the action that a member of staff should take if they believed that any form of abuse had taken place. Staff said that they had received training in how to recognise and respond to the signs of any abuse. Staff's training details were held on a computer system which was programmed to inform the management team when staff were due for refresher training in this important area.

We spoke to staff about their understanding of safeguarding and protecting adults. They gave examples of the circumstances that would cause them to have concerns about anyone whom they supported. They said that they felt confident to report any concerns to a member of the management team. They also knew which external agencies to contact if the agency did not take their concerns seriously. The names and contact numbers for these agencies were contained in the staff handbook so that they were readily available to staff. The agency manager demonstrated that she understood how to report any concerns to the local authority and had a copy of the Kent and Medway safeguarding protocols. This meant that staff knew how to recognise and respond to any concerns about the people whom they supported.

The agency had a separate whistle blowing policy which aimed to ensure that staff were not victimised when reporting reasonable concerns about any form of malpractice at work. Staff demonstrated that they knew how to "blow the whistle". This meant that staff knew how to report any poor practice in the agency, so that action could be taken to address it.

Management of medicines ✓ Met this standard

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

Medicines were administered appropriately.

The agency had a medication policy which gave guidance to staff about aspects of medication storage and administration including gaining people's consent, what to do if there is a medication error and how to dispose of unwanted medicines. The policy stated that only staff that had received training in the safe handling of medicines were able to support people with their medicines.

Staff told us that they had been trained in how to administer medication safely. Records showed that staff had their competency in administering medication checked by senior staff at regular intervals. This meant that people were supported with their medications by people who had been trained to do so safely.

People had been assessed to identify if they required any support in prompting or taking their medicines. Staff that we spoke to demonstrated that they knew how to administer medicines safely. They said that before they supported a person to take their medications they gained the person's consent by explaining what they were about to do. They then observed the person to ensure that they took their medicines and made a record of this. Records showed that staff recorded the name and dosage of the medication and the time that it was given. People that we spoke to who received support with their medicines said that the system worked well. This meant that people were supported to take their medicines as prescribed by their doctor.

Requirements relating to workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff, who had not all been assessed to ensure that they were suitable to support vulnerable people.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not effective recruitment and selection processes in place

We found that the agency had not followed its own procedures to ensure that appropriate checks were carried out when recruiting new care staff. We looked at the recruitment and selection processes in place for six staff who had recently been employment at the agency. We saw that staff completed an application form, including the history of their previous employment. However, it was not possible to evidence if there were any gaps in people's employment history as there was no space on the form to include the dates that people had been employed at each organisation. This meant that people may not have supplied a full employment history to the agency.

We saw that applicants were asked to record the names of up to three people to use as a reference. The agency manager told us the policy of the agency was that they required applicants to supply two work references or if people had not recently been in employment, three character references. For one member of staff two work references had been requested. However, these had not been returned and instead three character references had been supplied, including one from a relative and one from a close family member. This meant that the information in these references could not be strongly relied upon.

Criminal record/barring and vetting checks were obtained before people started work at the agency. We asked the agency manager about the processes in place if a these checks established that someone had a criminal record. The agency manager told us that depending on the nature of the record, the application would either be rejected or the issue would be discussed at the interview stage. An assessment of the risks would then be undertaken as to whether it would be suitable to employ the person to look after vulnerable people. Records at the agency showed that assessments of risks were not comprehensive and that safeguards had not been put in place to minimise the impact of any risks that had been identified. This meant that the agency did not operate effective recruitment procedures that ensured that it only employed people who were of good character.

Supporting workers ✓ Met this standard

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

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

We discussed with the branch manager, the procedures in place for inducting new care staff. New staff received a four day induction which included face to face learning and the use of DVD's. The training was provided by the agency manager who was a train the trainer. The key areas covered included moving and handling, safeguarding adults, health and safety and medication. Staff completed a workbook to test that they had gained the necessary skills. Practical demonstrations were provided for moving and handling and stoma and catheter care. This included staff using the hoists that were in the training room and also having the experience of being hoisted by other members of staff. New staff also spent time shadowing a more senior member of staff and a spot check was undertaken of their skills and competence. Records showed that the branch manager had audited staff's induction and found that there were some gaps in staff's training. We saw that a programme to train these staff had commenced and were told that it would be completed in the next three weeks. All of these actions helped to give staff the confidence and knowledge to work independently.

Records of staff training were held in staff files and on the computer system. The computer was programmed to alert the management team when people's training needed to be refreshed. This refresher training was completed by e-learning or face to face training. Staff were encouraged to commence National Vocational Qualifications/Qualifications Credit Framework. These nationally recognised qualifications had ensured that staff who had undertaken them had the knowledge and skills to support people. Specialist training had been undertaken by staff in palliative care and The Mental Capacity Act 2005. This is a law which provides a framework to protect people who may not be able to make their own decisions and choices. Some staff had attended more in depth training in Mental Capacity Act, Palliative Care, customer service and team leading. Most people told us that staff had the skills and experience that they required. The provider may find it useful to note that two people, one whom had specific dietary needs, said that they would prefer their staff to be skilled in home cooking as well as being able to use a microwave.

Staff received regular checks to ensure that they were competent to carry out tasks. We

discussed these checks with senior staff. They told us that these checks were to ensure that staff were putting the skills that they had learnt in training into practice, such as moving and handling techniques. Records showed that staff also had formal supervision on a group or individual basis. This meant that staff were supported by the management team and that they were regularly checked to ensure that they had the skills necessary for their roles.

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 were asked for their views about their care and treatment and they were acted on.

People told us that the agency regularly asked them to provide feedback on their experience of the service, including telephone calls, visits and questionnaires. Nine out of the ten people that we spoke to said that they felt listened to by the agency. This meant that people were asked for their views and that they were acted upon.

The Service User Guide stated that the agency would monitor the quality of the service via annual visits to people who used the service, an annual survey, supervision of care staff, and checks on people's files, timesheets and other records. We looked at a sample of these systems.

We looked at five care plans and saw that they were generally kept up to date. The agency used a computer system which had been programmed to let the management team know when people's training needed to be refreshed, when people were due for an annual review, and when staff required a spot check or supervision. Staff told us that they had the opportunity to discuss any concerns at individual or group supervision. Policies, procedures and a staff handbook were in place to guide staff about all aspects of the service. However, as mentioned previously, we found that the agency had not always followed its own procedures when recruiting new staff.

Staff had telephoned 48 people who used the service in 2013, to ask them for their views of the service that they received. They asked people specific questions such as staff were on time, if they stayed for the required length of time and if office staff were polite. Comments included, "Everything running very smoothly at the moment"; "If carers change please inform X as they are partially sighted" and "X gets on well with carers". This meant that quality control checks were carried out to ensure that suitable standards were being maintained.

Records showed that spot checks were made on care staff to check their competency in

providing support to people in their own homes. The check included that they were wearing their uniform, that they used personal protective equipment, staff's communication skills with the people and their competency to support people with their medication. This meant staff's competency was regularly checked to ensure that they provided care in a way that met the needs of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: Applicants were not asked to record their employment dates so any gaps in people's employment could not be identified. References were not always taken in line with agency's policy and procedures. When information had been reported on people's criminal record check, assessments of risk were not comprehensive to ensure the safety of people who used the service. Regulation 21 (a) (i) (ii) (iii) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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