

Smart Care Limited

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 23 June 2016 and was announced. At the last Care Quality Commission (CQC) inspection in February 2014 we found the service was meeting the regulations we looked at.

Smart Care Limited is a domiciliary care agency that provides people with personal care and support in their homes. Based in the Surrey area, the main registered office is located in Weybridge with smaller satellite offices in Farnborough and Egham. At the time of our inspection the service provided care and support to approximately 160 people. People who used the service were mostly older adults and had a wide range of health care needs and conditions. Some people were living with dementia. The majority of people receiving support were funded by their local authority but some people also pay privately for support from the service.

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

People felt safe with the support provided by the service. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices. Risks to people's health, safety and wellbeing had been assessed by senior staff. Plans were put in place which instructed staff on how to minimise any identified risks to keep people safe from harm or injury. Staff followed good practice for cleanliness and hygiene to reduce risks to people from acquired infections.

People were supported by staff that were suitable and fit to work for the service. The provider carried out employment and criminal records checks on all staff. The majority of people told us they had no concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were monitored by senior staff to ensure people's needs could be met at all times.

Staff received relevant training to meet people's needs. Senior staff monitored training to ensure staff skills and knowledge were kept up to date. Staff received supervision so that they were appropriately supported in their roles to care for people. They had access to specialist advice and support for safe medicines administration and for supporting people living with dementia.

People were involved by staff in discussions about their care and support needs. Each person had a support plan which set out for staff, their needs and preferences for how they wished to be cared for and supported. People said staff met their needs. Staff demonstrated a good understanding of how people's needs should be met. They supported people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce the risks to them from social isolation. Senior staff reviewed people's care and

support needs regularly to ensure staff had up to date information about people's current care and support needs.

Where the service was responsible for this, people were encouraged to eat and drink sufficient amounts to support them to stay healthy and well. Staff supported people to take their prescribed medicines when they needed these. Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

The provider had clear goals and objectives about what people and their carers should expect from staff and the service in terms of standards and conduct. The majority of people were satisfied with the care and support they received. People knew how to make a complaint if needed. People said staff were kind, caring and respectful. People's right to privacy and dignity was maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

The provider sought the views and experiences of people and staff about the quality of care and support provided and how this could be improved. Senior staff used this information along with other checks to assess and review the quality of service people experienced. Where there were any shortfalls or gaps identified through these checks senior staff addressed these promptly.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

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. Staff knew what action to take to protect people from abuse or from the harm caused by discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed. Plans were in place that instructed staff on how to ensure these risks were minimised. Staff followed good practice for cleanliness and hygiene to reduce risks to people from acquired infections.

The provider carried out appropriate checks on staff to make sure they were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff, through a programme of supervision and appraisal.

Staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

Staff took appropriate action to help people keep healthy and well. They monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Is the service caring?

Good ●

The service was caring. People said staff were kind, caring and respectful. The provider had set clear objectives about what people should expect from the service and all staff in terms of quality standards.

Staff demonstrated a discreet and considerate approach when delivering care to people. They ensured people's right to privacy and dignity was maintained, particularly when receiving personal

care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good ●

The service was responsive. People were involved in discussions and decisions about their care and support needs. Support plans reflected their choices and preferences for how this was provided. These were reviewed regularly by senior staff.

Where the service was responsible for this, staff supported people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce the risks to them from social isolation.

The majority of people were satisfied with the care and support received. People knew how to make a complaint about the service. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good ●

The service was well led. The views of people were regularly sought about the service. Senior staff used this information along with other checks to assess and review the quality of service people experienced.

People and staff spoke positively about the leadership of the service. There were clear reporting lines so that there was responsibility and accountability at all levels.

To continuously improve the quality of care and support people experienced, staff had access to specialist advice and support for safe medicines administration and supporting people living with dementia.

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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 checked 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 23 June 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information about the service such as statutory notifications about events or incidents that have occurred, which they are required to submit to CQC. We also sent out questionnaires to people, their relatives, staff and other community professionals involved in people's care and asked them for their feedback about the service. We received 40 completed questionnaires back. The responses were analysed to provide us with a view about what people thought about the service.

During the inspection we spoke with the registered manager, the Managing Director, two care managers, the service's medication champion, three care support workers and a member of staff from the service's human resources team. We reviewed the care records of seven people using service, six staff files and other records relating to the management of the service.

After the inspection we undertook telephone calls to people using the service and spoke with seven people receiving care and support. We asked them for their views and experiences of the service.

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "I just feel completely at ease with the staff they are very comforting and kind." Another person told us, "I have no fear that they are going to harm me in any way." People, relatives and community professionals that responded to our questionnaire also agreed that people were safe from abuse or harm from staff.

Staff themselves had been provided with the information and support they needed to protect people from the risk of abuse or harm. They had received mandatory training in safeguarding adults at risk, to help them recognise the signs and situations they should look out for that would indicate someone was being harmed. As part of their induction they received training on equality and diversity to help them understand how to protect people from risks associated with discriminatory practices and behaviours. There was a safeguarding adults at risk policy and procedure in place for all staff to follow which outlined how and when to report their concerns and to whom. The policy and procedure was accessible to all staff in their induction handbooks, provided to them when they joined the service. Staff demonstrated good awareness and understanding of how to ensure people's rights were respected and protected so that they did not suffer discrimination or abuse. A staff member said, "I've learnt with support from my colleagues how to understand and adapt to my client's needs." Another told us "If I thought someone was at harm, I would talk to the manager straight away and I know they would do something about it."

Staff knew how to ensure known risks of injury or harm to people were minimised. Senior staff assessed risks posed to people and others due to people's specific healthcare needs and their home environment. The information from these assessments was used to provide staff with the details they needed to manage identified risks. For example some people using the service had difficulty moving around safely in their home due to their reduced mobility. Support plans prompted staff to ensure people could move safely by keeping pathways clear of trip hazards. Staff had a good understanding of the specific risks posed to people they supported and what they should do to minimise these.

People said the majority of staff turned up on time for scheduled visits which indicated there were sufficient numbers of staff available to support people. People told us when they had experienced a delay this was usually due to factors outside of the staff member's control, for example traffic delays. One person said, "Well, they do turn up on time." Another person told us, "If they're not arriving on time they would normally notify us." Records showed people's specific needs had clearly been considered when planning care visits so that appropriately skilled staff could be assigned to meet these. For example where a person needed help to move and transfer in their home, two staff attended to ensure this was done safely. We noted senior staff planned and scheduled visits so that people received support from the same members of staff in order to experience consistency and continuity in their care. The registered manager told us in order reduce the risks of staff being late for a scheduled visit, their work was planned so that all their visits were within close proximity to where they lived. This meant they could still attend these if situations should raise such as road traffic delays or bad weather.

Checks were carried out on staff before they started work to ensure they were suitable and fit to support

people. Evidence was obtained of; staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where staff were responsible for this, they supported people to take their prescribed medicines when they needed these. Staff completed a medicines administration record (MAR) which provided a clear record of what medicines were given and when. We saw no gaps or omissions in records we looked at which indicated people received their medicines as prescribed. All staff had received training in safe handling of medicines. They also had access to the provider's medicines policy in their induction handbook which set out their responsibilities for ensuring people received their medicines safely.

People were protected from the risks of acquired infections because staff followed good practice for infection control and hygiene. All staff had received relevant training and supplied with personal protective equipment (PPE) to minimise the risk to people of acquiring infections. In addition to formal training all staff were reminded of their responsibility for maintaining good standards of hygiene and cleanliness through the service's policy and procedure for infection control. This was accessible to all staff in their induction handbook. Staff said they had access to supplies of PPE when they needed this. Senior staff told us through spot checks and visits to people's homes, staff's practice and adherence to policy and procedure was checked and reviewed to ensure this was safe at not putting people at risk.

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "The staff have demonstrated not only their care skills but also their ability." Another person told us, "I receive care four times a day - in the morning, lunch time and four pm and they put me to bed... I can't complain really can I." Staff received training to help them to meet people's needs. Records showed staff had attended training in areas relevant to their work and which the provider considered mandatory. This included training in areas such as medicines administration, first aid, moving and handling and dementia awareness. In addition to mandatory training, new staff joining the service were supported to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff were also encouraged to achieve professional qualifications and some staff had obtained a level 2 or 3 diploma in Health and Social Care. Staff also received an induction handbook which contained the service's key policies and procedures to guide and inform them in their roles. Senior staff monitored training to ensure all staff were up to date with their training needs and attended refresher training to update their skills, when required.

People were cared for by staff who were well supported in their roles. There was a supervision and annual appraisal framework in place through which all staff had regular one to one (supervision) meetings with a senior staff member. Records showed these had been planned in advance to the end of the year. Senior staff used supervision meetings to discuss current work practices and any learning and development needs staff had. Staff told us they had regular supervision meetings with senior staff and received training to support them in their roles. One staff member said, "Support is amazing. Couldn't ask for more. [Supervision] allows me to reflect on practice." Another told us, "I've just been on a refresher course for mandatory training. It allows you to refresh your knowledge and ideas."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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. When they lack mental capacity to make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training in the MCA. Staff demonstrated a good understanding and awareness of their responsibilities in relation to the Act. Records indicated there was involvement with people's representatives and care professionals such as care managers, where people lacked capacity to make specific decisions about their care and support needs, to ensure these were made in people's best interests.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Information had been obtained from people about their dietary needs and how they wished to be supported with these. The level of support people required from staff varied and was based on people's specific needs and wishes. This

ranged from preparation of drinks and light snacks to cooking meals. Staff documented in people's records the meals they prepared and how they supported people to eat during their visit. They also recorded how much people ate or drank. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce the risks to them of malnutrition and dehydration

Staff took appropriate action to help people keep healthy and well. They documented their observations and notes about people's general health and well-being and shared this information with all involved in people's care and support. When staff had concerns about an individual's health and wellbeing they sought appropriate support and assistance from others, such as the GP or from care managers. We saw many examples where staff had acted on their concerns to seek appropriate support for people, when they needed this. In one instance, urgent medical assistance was obtained for a person who became critically ill because the staff member was able to quickly recognise the signs and symptoms of a medical health crisis. In another case, senior staff referred their concerns about the deterioration in a person's health and wellbeing to their care manager at the local authority funding their care. As a result the person's package of care and support was increased so that their needs could be suitably met.

Is the service caring?

Our findings

Responses we received from people, relatives and community professionals during conversations and through our questionnaire, indicated that staff were kind and caring. The service had also received positive feedback through a recent quality survey undertaken with people and their relatives. One person had commented, "I know how lucky my [relative] is to have such wonderful carers." Another person wrote, "I know my [relative] is safe and cared for in their hands." Staff were discreet and considerate when discussing how they supported people with their care needs. A staff member said, "I love my job very much and I am very passionate about caring for people."

The provider had clear aims and objectives about what people should expect from staff and the service in terms of standards and conduct. These were set out in a 'charter of rights' provided to people in their client handbook. The charter informed people of their right to; make choices and have these respected, receive care that was individualised, based on their needs and non-discriminatory, be treated with dignity and respect, access information held about themselves and for that to be kept secure and to make a complaint without fear of reprisal. Staff were encouraged to uphold these rights when providing care and support to people. Senior staff did this through training, supervision and sending out information factsheets to staff reminding them of their responsibilities for ensuring people experienced good quality care. Staff were also provided with an induction pack that included a copy of the skills for care 'code of conduct for healthcare support workers and adult social care workers in England.' This set out the standards of conduct, behaviour and attitude that people should expect to receive from staff.

People said they were treated with respect and dignity and staff maintained their privacy. Relatives and community professionals that responded to our questionnaire also said people were treated with respect and dignity. Staff told us about the various ways they ensured they provided support to people that was respectful and dignified. The examples they gave us demonstrated they were sensitive and discreet when providing care and support. A staff member told us, "When I'm helping with washing I make sure people are not unnecessarily exposed and I respect people's choices."

People were encouraged to be as independent as they could be when they received care and support from staff. In people's records there was information about their level of dependency and the specific support they needed with tasks they couldn't undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. Some people who had recently been discharged from hospital were relearning skills with staff support. Staff gave us examples where people, with their encouragement had been supported to undertake activities they previously found difficult to do due to their illness or ill health. A staff member told us, "One [person] was a double up (requiring support from two members of staff) and we worked with them to try and build their strength. They are now on a single call and now going out as they got their mobility back." In another instance following a stroke one person had been unable to verbally communicate or walk. Staff supported them with vocal and physical exercises that resulted in them being able to regain their communication skills and to walk with support.

Is the service responsive?

Our findings

People were involved in discussions about how their care and support needs would be met by the service. Where people privately funded their own care, records indicated senior staff met with them and their representatives to discuss the care and support they required. Information from these meetings was then used to develop a support plan which set out how their needs would be met by staff. Where people's care was funded by their local authority, the service was sent information about the package of care that people required. Although staff followed this package, they still checked with people and their representatives that what had been agreed would meet their needs and expectations.

People's records contained information about their life histories, their likes and dislikes and their preferences, for example who they received support from and when. Staff demonstrated a good understanding and awareness of people's needs and preferences and how to meet these, for example people's preferences for washing and dressing. This ensured people received support that was personalised and reflective of what they wanted.

People's care and support needs were reviewed with them regularly and they were able to discuss and agree any changes they wanted to the support they received. Records showed these were reviewed annually or sooner if there had been a change in people's circumstances. Where any changes were agreed to the care and support people required, their records were updated so that staff had access to the latest information about how they wished to be supported.

People were supported to take part in activities or pursue their interests to promote their overall health and wellbeing. For example, where the service was responsible for this, people were supported to take trips and activities out in the community, such as walks or visiting the shops, to reduce the risks to them of social isolation. At home, people were encouraged to pursue their hobbies and interests such as watching their favourite shows on the television or undertaking research on the internet about their healthcare conditions. A staff member who had supported a person to do this told us this had been very beneficial to them as it helped them to understand more about the person's condition and what they could do to help them manage this. Another staff member said, "I'm always looking to find out [people's] interests. For example one person really likes a particular sport so I find out when this is going to be on TV and I write this down for them and let them know."

Responses we received from people and relatives during conversations and through our questionnaire indicated they were satisfied with the care and support they received from staff. We also saw positive comments had been made by people through a recent quality survey undertaken by the service. These included; "first rate service and outstanding level of care,"; "Smart Care do an outstanding job" and "service is good...thank you for caring."

People knew how to make a complaint if they were unhappy with the service. One person said, "I would phone the head office in Farnborough if I was not happy with something but I have not had to do that so far." Another person told us, "If I'm not happy then yes I would know who to contact." People had been

provided appropriate information in their client handbook about what to do if they wished to make a complaint. The provider's complaints procedure set out how people's complaint would be dealt with and by whom. Through this procedure the provider undertook to ensure people would not be discriminated against or have any negative effect on the care and support they received, to carry out a full investigation and to learn from any mistakes that occurred so that changes could be made when needed.

Is the service well-led?

Our findings

The provider had arrangements in place to seek people's views about the quality of the service and their suggestions for how this could be improved. Senior staff undertook 'quality control reviews' of people's care and support needs and used this process to ask them questions about their experiences and their views about what could be done better. These reviews reflected the five questions we always ask of services and the associated key lines of enquiry we use to collect information and evidence to help us rate them. The registered manager said, "They give great insight into what people think and the level of support people have had, to have a good quality of life." An annual quality survey was also sent to people through which they could rate their satisfaction with their care and support package and make suggestions for improvements. People's responses from the most recent survey undertaken indicated a high rate of satisfaction with the quality of service they experienced.

Senior staff also checked the quality of care and support people received through regular spot checks and visits to people's home. We looked at a sample of recently completed checks and visits and saw senior staff reviewed the conduct and professionalism of staff and their competency in undertaking their duties. As part of these checks people were asked to contribute their thoughts and views about the support they received from staff. Senior staff used this information in supervision and staff meetings to support staff to improve their work based practice. Staff were encouraged to participate and contribute their ideas and suggestions for improvements. A staff member said, "I reflect on a daily basis and always looking for new ways to improve the service for people."

The provider carried out other checks of the service to assess the quality of care and support people experienced. For example medicines audits were carried out regularly which included checks of records maintained by staff and their working practice. Where any gaps or shortfalls were identified through these checks immediate action was taken to remedy these including supporting and encouraging staff to learn from mistakes.

The majority of records maintained by the service were complete and accurate so that people were protected against risks of receiving inappropriate or unsuitable care. We did identify on one care record the latest hard copy version of a person's support plan was not on their file, although an electronic copy was accessible. We also found two references for a member of staff were not linked to their main staff file. The registered manager acknowledged that widening their quality checks to care records and staff files would give them assurance that all records were consistently maintained to a good standard.

People and staff were positive about the leadership of the service. One person said, "[Registered manager] has been a couple of times to see if everything is ok... I think they do their job very well." Another person told us, "They listen to me, yes, they are actually ok." Staff said they were comfortable approaching senior staff about any concerns they had or to suggest improvements because they felt they would be listened to and their views valued. A staff member said, "I enjoy the support, I feel valued and I feel I can contribute my ideas." There were clear reporting lines within the service so that there was responsibility and accountability at all levels. The registered manager had a good understanding and awareness of their role and

responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents involving people who use service.

To improve the quality of care and support people experienced, staff had access to a dedicated medication champion and a dementia champion within the service to provide them with specialist advice and guidance when this was needed. The registered manager told us this additional support helped to improve the quality of medicines administration and the care provided to people living with dementia. The medication champion told us staff contacted them about any queries they had about medicines or concerns they had about the health of an individual, which they then supported them with.