Ark Home Care Limited

Smartcare Epsom

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 the 10 October 2016 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

Smartcare Epsom is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to 32 people.

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

Risks had been identified to the health and safety of service users, however, some assessments of how to minimise risk had not been produced for three people.

Care plans were in place for people, however, they had not been written in a person centred way and some information in relation to people's needs had not been clearly explained.

People told us they felt the service was safe. They told us that staff were very kind and they had no concerns in relation to their safety. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

Staff had received training, supervisions and annual appraisals that helped them to perform their duties. They also received spot checks whilst they were working with people. New staff commencing their duties undertook the Care Certificate training to help prepare them for their role.

There were enough staff to ensure that people's assessed needs could be met and all visits could be undertaken in a timely manner. It was clear that staff had a good understanding of how to attend to people's needs.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff had received training and understood the Mental Capacity Act 2005 (MCA) and always sought people's consent before undertaking any tasks.

The provider ensured that full recruitment checks had been carried out so that only suitable staff worked with people at the service.

People's nutritional needs were met by staff who would either cook meals or heat microwave meals for people. Healthcare professionals were involved in people's care or the service liaised with them.

People were supported by staff to remain as independent as they were able. People were encouraged to do things they would normally do such as washing themselves.

People told us that staff showed kindness and compassion and their privacy and dignity were upheld and promoted by staff.

If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns and people had been provided with a copy of this document.

The registered manager and senior staff undertook quality assurance audits to help ensure the care provided was of a standard people should expect.

People, their relatives and associated professionals had been asked for their views about the care provided and how the service was run. People felt their views were listened. The registered manager had acted on issues raised.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable.

During the inspection we made one recommendation around one regulation. Details of these are shown on the full report.

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.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

There were enough staff deployed to meet people's needs.

Accidents and incidents were recorded and monitored by staff to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Staff had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the service liaised with them.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were in place for each person.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

Care plans were in place for people, however we recommend that further improvement is made to the way the care plans are personalised, they had not been written in a person centred way and some Information in relation to people's needs were incomplete.

Quality assurance checks were completed to help ensure the care provided was of good quality.

There was a registered manager in post to manage the activity for personal care.

Staff felt supported by the registered manager and the provider who had an open door policy.

Staff felt the registered manager had good management skills and supported them when they needed it.

Smartcare Epsom

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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 the PIR before the inspection to check if there were any specific areas we needed to focus on.

During our inspection we had discussions with the registered manager who is also a provider and the other provider' of Smartcare, three members of staff and three people who used the service. We looked at the care records for five people. We looked at five staff recruitment files, supervision and appraisal records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures.

At our last inspection of December 2013 where we did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who looked after them. They had no concerns in relation to not being treated well by staff. One person told us, "I feel positively safe with all the staff who visit me, I have never been mistreated." Another person told us, "I have never had any bad experiences with staff, they are very helpful. If I thought I had not been treated properly I would telephone the manager straight away."

People benefited from a service where staff understood their safeguarding responsibilities. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. Staff told us they had regular training in safeguarding adults and training records provided to us confirmed this. One member of staff told us, "I would report all suspicions of abuse to the registered manager. If I did not believe that the registered manager had acted on the information I would contact the local safeguarding authority to report my concerns." Staff told us they would not hesitate to follow the whistle blowing policy if they suspected a member of staff had acted inappropriately.

People were kept safe because assessments of the potential risks of injury to them had been completed. Risk assessments were based on daily living activities. For example, moving and handling, medicines, falls and urinary tract infections (UTIs). Staff told us they were aware of risks to people and how to manage the risks. One member of staff told us they got to know people's risks because they would always read the care plan. For example, if they read someone was at risk of UTIs they would be aware of the signs, such as if they were having falls. The provider sent out guidance notes to staff about certain subjects, for example falls and UTIs. The service provided urine sample pots to senior carers in order to take urine samples if a GP or DN are not able to visit in a timely way. People with a recognised risk of UTI have a sample bottle left at their home for their use if needed. This is to reduce any possible delays if a UTI is suspected.

People were cared for by a sufficient number of staff. People told us that they had never experience a missed call, and when their usual staff member was not able to visit due to annual leave they would be informed by the office and notified who would be undertaking their visit. Staff felt they had sufficient time to attend to people. One member of staff told us, "They [management] keep you all in the same area so travelling time is kept down." They added there was plenty of time to do tasks as well as socialise with people. One person told us, "It is exceptionally rare that staff would be late and it was usually due to traffic. I have never experienced any missed calls." Another member of staff told us if they were running late (more than 15 minutes) they would telephone the office who would phone ahead to let the next person know. People confirmed that they were notified by the office when staff were running late.

The registered manager and staff told us there were enough staff deployed to meet people's needs. They told us that staffing levels were determined by the number of people using the service and their needs. Staff told us they always got their rotas in sufficient time for the following week and that travelling time were allowed between calls.

People were cared for by staff who had undergone robust checks before working for the service. The provider had told us in their Provider Information Return (PIR) that Disclosure and Barring Service (DBS) and

references were sought for all staff at the recruitment stage. We found this to be the case as we found checks were made to ensure staff were of good character and suitable for their role. Documents and information had been obtained for staff that included two written references, proof of the person's identity, employment history and a check with the DBS. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed safely. People received their medicines when required as there were medication administration systems in place. Staff told us they had received training in medicines during their induction and regular updating of their training was provided. Staff told us that they only signed the medicine administration record (MAR) after the person had swallowed their medicine, which is good practice. However, we noted on the MAR charts that when people required more than one tablet for each dose it had been recorded, however, it was not recorded when people only took one tablet. One person did not have a MAR chart in place for a topical cream that was recorded in their care plan. This was discussed with the registered manager during the inspection and they took immediate action.

When staff become aware that people's medicines are running out they prompt them and their family members, as appropriate, about this. When needed, staff would follow up with the pharmacy and collect prescriptions for people. Staff also liaised with the GP in question if the pharmacy has not received the prescription.

The service had a medicine policy in place that gave clear guidance to staff. Staff told us they had read and understood the policy.

Interruption to people's care would be minimised in the event of an emergency. The provider told us in their PIR that the service had a contingency plan. We found that the contingency plan was detailed and provided information and guidance about how the service was to be operated in case of an emergency, such as the office having to close due to fire, flooding or the loss of electricity. Staff told us they had read and understood this document and that they had the emergency telephone contacts numbers to use.

In the event of extreme weather conditions the service has a mutual support agreement with another registered domiciliary care provider to carry out care calls for each other when normal care staff are unable to attend because of adverse weather. The service has in stock sets of snow chains and snow socks for all company cars and spares for care staff own vehicles who would need them in the event of snow so people could still receive care in the event of adverse weather conditions.

The service has a duty manager every day of the week who is available to people and staff alike on the duty phone. The service also provides an emergency call out service to people outside of their scheduled visits.

When people had accidents or incidents these were recorded and monitored by the registered manager. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the manager and these would be discussed during staff meetings and information sent in the weekly newsletter to staff. The manager told us they looked at the accident and incident records to try to identify any trends and learn lessons from them.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they thought staff were skilled to meet their needs. One person told us, "I believe the staff are trained, they all know what they are doing and have a very professional attitude." Another person told us, "Staff are trained and I have seen new staff shadow working with one of my staff. They also have refresher training especially for hoisting."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider told us in their PIR that staff received all the mandatory training and we found this to be the case. Staff confirmed that they had received this training that included safe management of medicines, safeguarding, moving and handling, first aid, food hygiene, dementia care, dealing with aggressive behaviour, health and safety and infection. One member of staff told us, "The training was good and covers lots of things you wouldn't think of." Another member of staff stated that they were interested in end of life care and the training was provided for them. Training records corroborated what we were told by staff. The records showed that staff were also undertaking the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A new member of staff had commenced this training. The registered manager told us, "We pride ourselves that our staff are trained to work to a high standard." Individual training and instruction on personalised catheter care has been provided to staff who attend to people with this requirement. The service also has also a small supply of spare bags and straps for emergency use.

The registered manager has produced 21 factsheets for staff to guide them on various activities and risks. These include information about how to give a bed bath, the journey towards death, hand hygiene and hand washing and catheter care. This provides staff with clear guidance on how to carry out activities they undertake with people.

New staff were supported to complete an induction programme before working on their own. One member of staff told us that the induction training was good and they had shadowed another member of staff until they felt competent to work on their own.

Staff were provided with the opportunity to review and discuss their performance. Staff told us that supervisions were carried out regularly and an annual appraisal was undertaken, they said this enabled them to discuss any training needs or concerns they had. Notes from these supervisions were kept in the staff records. Staff also had monthly spot checks undertaken by the registered manager and senior staff to monitor their work and to provide support and feedback to staff.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). Where important decisions needed to be made mental capacity assessments were completed to see if people could make the decision for themselves. The 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 take particular decisions, any made on their behalf must be in their best interests

and as least restrictive as possible.

The registered manager told us that staff had received training in relation to the MCA, this was confirmed in training records and by staff we spoke to. Staff told us they would gain consent from people before they undertook tasks with them. One staff member told us, "I always ask if they would like a shower or a wash, it is their choice. I then ask people if they are ready before I started attending to their personal care needs. If they say 'no' then that is their choice and I would respect this, but I would ask again later during the visit."

People's wishes and preferences had been followed in respect of their care and treatment. People confirmed they had consented to the care they received and they had signed their care plans. They told us that staff would not do anything without asking for their permission. One person told us, "They always ask me if they can wash me, they don't just do it." Another person told us, "I tell staff how I like to be helped and they follow what I say, they are very good."

People's nutritional needs were being met. Not all people required food to be prepared or cooked by staff. However those that did were pleased with how their food was cooked and presented to them. One person told us, "The food staff cook for me is always nice and hot." Another person told us, "I have microwave meals but staff would cook anything I asked them to." The registered manager told us that if a person has run out of staple foods or were not delivery in time, staff at the service would purchase essentials foods for them.

People had their medical needs met. Information in relation to people's healthcare needs were recorded in care plans. The provider told us in their PIR that staff work closely with and sought help and advice from other healthcare professionals such as the GP, district nurse and pharmacy. Staff confirmed this during our discussions. The registered manager told us that the responsibility for healthcare needs were with people's families, but staff were available to support people to access healthcare appointments if needed. If staff noticed a change in people's health they immediately informed the office and the person's family and GP would be contacted.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. They told us they were treated with kindness and respect by staff. One person told us, "The staff from Smartcare are excellent."

People's care was not rushed enabling staff to spend quality time with them. One person told us, "They are very good at what they do." Another person told us, "Staff are very friendly and chatty. They never rush me with my care, even if they have arrived five minutes late, I still get everything done." Staff told us that they would do anything extra that people asked for, this was confirmed during discussions with people.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. They were able to describe what was written in a person's care plan and how they attended to people's needs. Staff spoke about people in a passionate and caring manner. Staff told us they regularly read people's care plans to ensure they had up to date knowledge of their needs. They told us they got to know people's likes and dislikes through reading the care plans and talking with people.

People told us that they knew the staff who attended to them, even staff who covered absences due to annual leave. One person told us, "The office always let me know which staff would be visiting me. I get a copy of the rota every Thursday and get the same friendly staff."

People's privacy and dignity was respected by staff. Staff understood the importance of respecting people's dignity and privacy. Staff told us they gave people privacy whilst they undertook aspects of personal care and attended to the personal care needs in the privacy of the people's bedrooms or bathrooms with the door closed. One member of staff told us, "We make sure that doors and curtains are closed so as to maintain the privacy of the person when we attend to their personal care needs." Staff told us they covered exposed parts of the body to maintain people's dignity.

People were supported to express their views and to be involved in making decisions about their care and support. Staff told us they listened to what people had to say and if they wanted to change how their care was provided they report it to the office. People told us they could make changes to their care plans at any time, all they had to do was to make a telephone call to the registered manager.

The registered manager told us that changes to their care and support would be discussed with the person and their family. They told us they would alter people's care for a two week period initially to check they reflected their need and the care plan would be amended.

People's independence was promoted and respected by staff. Staff told us that they encouraged the people to do as much as they were able to for themselves. For example, to wash parts of the body they were able to. This was confirmed during discussion with people.

Good

Is the service responsive?

Our findings

People, and when appropriate, their relatives were involved in developing their care, support and treatment plans. Pre-admission assessments were undertaken for each person before they commenced using the agency. The registered manager told us they would not take anyone on unless they had sufficient staff to provide the care that the person required. People told us they had been involved in their care plans and their input was listened to and acted upon. One person told us, "Staff from the office came and asked questions about me. My family were included in the discussions." Another person told us, "They listened to what I wanted and wrote it in the care plan."

Staff were provided with a copy of the information recorded in the care plans. These informed staff how to access people's homes, dietary requirements, preferences and the times of visits. They provided information to staff about the activities to undertake on each visit in relation to personal care needs and routines. One person had a detailed care plan in respect of particular routines and likes and dislikes what they liked for breakfast and what staff should do if they were feeling unwell, for example, make them a meal (they would normally do it themselves). Information was recorded in people's care plans about how to support people. Some people required support shopping or accessing the community which staff carried out. Staff told us that care plans were reviewed at least every six months and also as and when required with the person. People confirmed this during our discussions.

Staff were responsive to the needs of people. A relative of one person had written to the service to thank them for the action taken by two members of staff during a visit. The person had suffered a serious illness and staff calmly made the person comfortable and called the paramedics. The relative had written, "Recently two members of staff had saved my husband's life by recognising signs and symptoms I had missed. All this was handled by Smartcare staff."

The service provides slide sheets, and carries a small stock of sanitary pads, Inco sheets, flannels, bed socks and tissues which were provided to people in an emergency or to try for sizing They also provide urine sample pots to senior carers in order to take urine samples if a GP or DN are not able to visit in a timely way. People with a recognised risk of UTI have a sample bottle left at their home for their use if needed. This is to reduce any possible delays if a UTI is suspected. If staff identify that a person needs to have a secure medicine box then these are supplied by the provider if they or a family member is not able to put one in place'

Complaints and concerns were taken seriously. People knew how to raise concerns and make complaints. People told us they had been provided with information about how to make a complaint. They told us they would make complaints to the registered manager, but none of the people we spoke to had needed to make a complaint. Staff told us they would listen to people's complaints, reassure them that they would be taken seriously and report the complaint to the registered manager.

There was a complaints procedure available to people. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were

dissatisfied with the response. The provider told us in their PIR that four complaints and 30 compliments had been received since our last inspection. Complaints received had been thoroughly investigated and records of the investigations and responses to complainants were maintained at the office.

Compliments from people and their relatives had been received at the service. One person had written, "I strongly recommend all my carers; they are most willing and do any tasks that I ask of them." A relative had written, "If we ring the office we receive a friendly, efficient and wonderful service. Staff always treats my [family member] with humanity, respect and encouragement."

Good

Is the service well-led?

Our findings

People's experience of care was monitored through monthly spot checks and regular telephone contact. People told us the communication with the registered manager and people at the office was very good, if they needed anything all they had to do was telephone. People told us that they thought the service was well managed. One person told us, "I think the manager does a great job. It is well managed from the top down." Another person told us, "I have good communication with the manager, and can call them at any time."

We found that there could be improvements in the way records were maintained, personalised and updated. But the registered manager responded positively and immediately took action to begin to make those improvements. We will gather evidence as to whether those have been fully embedded into practice at the next inspection. The care plans, although detailed were not all complete. It was clear staff knew people and people said they received the care they needed, however for a new member of staff the care plan may not provide them with everything they need to know. For example, one person had a medical condition but there was no information about this, or how this may affect the person as the condition progressed. The daily notes for another person had recorded, 'creamed bottom,' however, there was nothing in their care plan to indicate this was part of the duties required or why it was necessary. The impact of a lack of accurate recording was minimal because people still got the care they needed, however, accurate and up to date records are a requirement. The registered manager agreed and since our inspection visit, they have developed a new care plan template.

Records were well maintained, however, we noted that there was a shortfall in relation to identified risks for three people. Staff told us they were aware of risks to people and how to manage the risks. One person had been identified as being at risk because of their mobility (they walked with a frame), urinary tract infections (UTIs) and their emotional needs. They had been identified as at 'high risk of falls' but there were no risk assessments in place. Another person had an assessment that stated they were at 'high risk' in relation to personal safety.

We recommend that records include written guidance in relation to mitigating risks that are specific to individual people and person centred care plans are improved to ensure accurate records about people's needs are maintained.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. These included spot checks, MAR records, training needs and daily notes.

The service used an electronic icare system to record information that related to people. We were shown how staff could immediately access care plans, reviews or interaction with other care professionals

The service promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to her at any time. One member of staff told us, "The manager is very supportive and always available to talk." Another member of staff told us, "I feel totally supported. If I have

an issue I come in and chat to them. Everybody is approachable. I've had 'thank-you' from management." They also added, "I laugh every day in this job. I love the job."

There was a good management structure in place that included the registered manager, field manager and senior care staff that support staff in their roles.

People, their relatives and stakeholders were encouraged to give their feedback about the service. Surveys for 2016 had been undertaken and a summary of the findings had been produced. Results showed people scored the service 'very good' or 'outstanding' in most areas. Comments in the recent survey included: "I get on very well with my girls" and, "Your service is so good I can't think of any way you could improve it. I find your carers a very happy team, love what they do and always look smart." A relative had commented, "I have noticed my mum's happiness and wellbeing improved. I can trust them to look after my mum's needs." One survey had identified some issues. The registered manager had maintained a record of how these had been addressed to the satisfaction of the person who had raised them.

Staff were involved in the running of the service. Regular senior meetings took place and discussions from these were cascaded down to staff. Staff received a weekly newsletter which provided staff with information about the service and included items such as up and coming events, changes to practice and training. Staff felt they could contribute to the running of the service through discussions in supervision meetings and spot checks.

As part of good practice, people were invited to be on an intelligence based information system (IBIS) run by Southeast Ambulance Service. This was to assist with the service's monitoring of people in terms of calling the ambulance service and admissions to hospital. The registered manager felt it made their service more efficient in terms of communication as the service would be notified of any hospital admissions so would be aware of visits that required cancelling.