

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?	Requires Improvement ●

Summary of findings

Overall summary

Care service description

Smart Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger people some of whom may be living with dementia or have a learning or physical disability. At the time of our inspection the service provided a regulated activity to 68 people.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good for Safe, Effective, Caring and Responsive but improvements were required in Well Led. The service has been rated as Good overall.

The provider had not put in place robust systems to ensure that they were aware that staff attended calls. Records were not always being maintained to ensure they were accurate and up to date. There was insufficient guidance in care plans that we reviewed around the support that people required.

Staff were not always receiving appropriate supervision that related to their role. There was insufficient records that staff were signed off as competent to deliver care. We have made a recommendation around this.

People were safe because staff were aware of the safeguarding procedure. There were sufficient levels of staff on duty to ensure that people's needs were met. Recruitment was robust to ensure that only appropriate staff were employed.

Risks to people's care was managed well by staff and people received their medicines in a safe way. The provider had up-to date procedures to help ensure people remained safe should there be an emergency. Staff understood how to reduce the risk of spreading infections.

Assessments of people's needs were undertaken before they started receiving care. People were supported with their health needs and referrals were made to health care professionals where needed. People were provided with sufficient food and drinks when needed.

People felt that staff were caring, and kind and developed good relationships with them. They felt that staff treated them with dignity and were respectful towards them. People were involved in their care planning and where asked how they wanted their care to be delivered.

People told us that they would speak to staff if they had any concerns. There was a complaints procedure should anyone wish to complain and we saw that these were investigated fully.

The provider carried out other quality assurance checks to ensure people received a good standard of care. Staff consulted with outside professionals to ensure the best delivery of care.

People, relatives and staff felt that the service was well managed. Staff felt supported, valued and listened to.

The registered manager had informed the CQC of significant events including safeguarding and incidents.

Further information is in the detailed findings below.

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.

People told us that they felt safe in their own homes and relatives were confident that people were safe with staff.

Staff received training and were knowledgeable about safeguarding people.

Robust recruitment practices took place before new staff started work.

People were supported with their medicines where appropriate.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe. Staff understood how to reduce the risk of infections.

Accident and incidents were appropriately dealt with by staff.

Is the service effective?

Good ●

The service was not consistently effective.

Staff had had not always received appropriate supervisions to support them in their role.

Staff received training specific to the needs of people. Assessments of people's needs took place before they received care.

Staff had a clear understanding of the Mental Capacity Act and its principles.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments. Staff worked well as a team.

People were supported to eat and drink healthily.

Is the service caring?

Good ●

The service was caring.

Staff ensured that people and their families were treated with kindness and compassion.

People felt that staff always treated them with dignity and respect.

People were able to express their opinions about the service and were involved in the decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's care and support and provided the appropriate care.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Improvements were required around ensuring that staff attended calls and how records were maintained.

There were other appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained these were used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Where appropriate notifications were sent to the CQC.

Smart Care Limited

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 site visit took place on 20 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit we needed the registered manager to arrange home visits with an inspector. We also needed to be sure that the registered manager would be at the office when we inspected.

The inspection team consisted of four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection site visit activity started on 20 December 2018 and lasted one day. It included visiting four people living in their home. In addition to visiting four people in their homes we called and spoke 13 people and six relatives. At the office we spoke with the registered manager, the deputy manager, and five members of staff. We read care plans for seven people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at records of audits and surveys.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

When we last inspected Smart Care we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

People we spoke with told us that they felt safe with staff that provided care at the service. One told us, "Absolutely. I trust them [staff] implicitly." Another said, "I do feel safe with them they are so kind." One relative said, "I am sure my [family member] is safe with them." People told us they were confident with the security arrangements that enabled staff to enter their homes'. One told us, "I have a key safe and I'm quite happy with how they do that."

People were protected from the risk of abuse as staff had a good understanding about safeguarding and the procedures to be followed. One member of staff told us, "If I suspected anything I would speak to [registered manager] immediately." They told us the signs that they would look out for in relation to suspected abuse. Another member of staff said, "I'd ask the client if they knew what happened and I'd report it, fill out a body map and put it in the daily log book." Staff had received safeguarding training and there was a policy in place.

People were supported by sufficient numbers of staff to meet their needs. People confirmed that staff arrived on time and stayed for the duration of the call. Comments included, "They turn up on time usually but they do let me know if they are going to be very late but that's not often", "They do stop for the amount of time they should", "They come every morning to get me up, I get a list so I know who is coming and it's usually the same people" and "They are usually in the car waiting to come in rather than late." Staff were sent their schedule of calls in advance and any sickness or annual leave was covered by the field care supervisors as well as care staff. One member of staff said, "We have enough staff for our double up calls. A second member of staff has never not turned up." Another said, "Our calls are quite close together, but there is travelling time included. The rotas are sent out in time and planned quite well and we generally go to the same people." We found this to be the case.

Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. One person said, "They [staff] do wear their gloves and aprons." A member of staff said, "We have gloves, aprons, masks and shoe covers. I would use a mask if I had a cold." Staff had access to protective equipment such as hand gels, gloves and aprons when they needed.

Systems were in place that showed people's medicines were managed consistently and safely by staff. One person told us, "They [staff] do eye drops and gels and they write that all down." We spoke with a member of staff that was the medicines lead who advised that they ensured that they liaised with the GP and pharmacy to ensure that people's medicine was correct. We saw evidence of this happening. We saw that staff were regularly assessed with their medicine competency. One member of staff said, "You have to ensure that the medicine is in the client's name and that the prescription matches the label." We saw that staff completed the Medicine Administration Record (MAR) with no gaps and that MARs were audited to check for

inaccuracies. This ensured that people received their medicines when needed.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk were assessed in relation to people's homes, moving and handling, skin integrity and specialised plans in place for people requiring them. One person told us, "They help me into my standing frame three times a week and that's all ok." Another told us, "As far as I'm concerned, they [staff] do everything properly. They understand the safety aspects of what they're doing." We did ask the registered manager to update risk assessment that related to a person that smoked in their home and another where a person had cream applied that was flammable. They told us they would address this.

Actions were taken to ensure the risks were minimised where an incident or accident occurred. One member of staff told when asked they would do if there was an accident in the home, "If I can't do anything then I would phone the ambulance and then ring the office." We saw that where people had fallen their care plans were reviewed to establish whether any changes were required to their care. Accidents were also analysed by the registered manager to look for trends.

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was bad weather, staff would prioritise those people that were isolated or did not have any other support. There were electronic systems in place that secured people's records if staff were unable to access records from the office. One relative said they had confidence the agency would respond in the event of an emergency, which they found reassuring. They said, "I know that if there was ever a need, they would move heaven and earth to help."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. We saw reference checks from previous employers and checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out.

Is the service effective?

Our findings

When we last inspected Smart Care we concluded the service was effective and rated it Good. Following this inspection, we found there were improvements that were required around staff supervision. However, the rating remains Good.

People told us that they felt staff were competent in their role. Comments included, "They [staff] all seem well trained" and "They are very well trained, so professional." A relative said, "The girls seem very well trained." We found that despite staff receiving training they were not always being supervised. The provider informed us that two supervisions and an appraisal needed to take place each year. The service policy stated that at least one of their supervisions was to be an observed practice. We checked the supervision records for staff that showed that not all staff had received all of their supervisions and appraisals that they were due.

The registered manager told us that all new staff should be signed off as competent before they delivered care. However, when checking the records, we found insufficient records that this was taking place other than to assess their medicine competency. We checked the records of three staff that had started work at the service since the last inspection. There were no records to show that they had been observed in practice or signed off as competent to deliver care. We asked staff whether they were supervised in their role. One told us, "I am due one [supervision] soon and often [the registered manager] is always open to meeting with us." Another told us that they regularly met with their manager but that they did not have a formal recorded supervision.

We recommend that all staff competency checks are recorded and staff receive appropriate ongoing supervision and appraisals.

Staff told us that they did feel supported and were able to access training when they needed. One told us, "We get a survey to see if we need more training. I believe the training is very good." Another said, "The training is excellent. It's brilliant. We get refreshers every year." We saw that staff were up to date with their mandatory training that included moving and handling, infection control and first aid training. Where specific training was required to meet a person's particular need this was provided. One member of staff advised us that that additional training was provided that related to a person's continence aid. They told us that this had a positive impact on the person by ensuring appropriate, safe and effective care was provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example, in relation to personal care. We saw that when the capacity of the person was in doubt the registered manager contacted the Local Authority to ask them to do an assessment of the person.

Staff had a good understanding of MCA and its principles. One told us, "You always assume they [the person] has capacity to make decisions and support them." They explained that if the person's capacity was in doubt they would discuss this with the GP and the family. A relative told us that staff respected their family member's decisions about their care. They said staff always encouraged their family to let them wash themselves but respected their decision if they refused care.

People's needs and choices were assessed in line with current best practice. Prior to using the service detailed pre-admission assessments took place to ensure they were able to meet people's needs. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. People told us that staff supported them when they were unwell. One told us that staff had responded well in an emergency. They told us that a member of staff had called an ambulance when they were unwell and waited with them until it arrived. Another person told us that staff were observant of any healthcare needs. They said, "They notice things which I wouldn't."

We saw that the registered manager had contacted an occupational therapist to assess a person's mobility when they identified a deterioration in their health. Staff also supported people with their GP appointments where necessary. A relative told us that staff had encouraged their family member to regain their mobility. They said that staff encouraged their family member to walk a small amount at each visit. The family member said this support was vital as her family member was still unsteady and she did not feel safe encouraging him to walk when no-one else was there. The family member said, "They have got him walking again. They encourage him because he can do it. He has improved so much with their help."

People were supported and encouraged by staff to maintain a healthy diet and to ensure that they ate and drank sufficient amounts. One person told us that they had ready meals delivered and that staff prepared them. They said, "I can choose what I want and they'll do it for me." Another told us, "They do ready meals for me or whatever I put out." Staff told us that they checked that the food in people's fridges was within date. People told us that staff always ensured that they had a drink and food before they left the call.

Staff worked well together to provide the most effective care. One person told us, "I see my main carers mostly, I've got three regulars. They are all very good." A relative said, "We have a team of three regulars and because of (their family members) condition and we have had one of them for years. They [staff] are all on time and do everything they should when they are here." The registered manager ensured where possible that people received the same care staff to provide continuity of care. One person fed back that they appreciated this. They said, "It's nice because we've got to know them all." One member of staff said, "I think we have a good team. We care very motivated."

Is the service caring?

Our findings

When we last inspected Smart Care we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People fed back that they felt staff were kind and caring towards them. One person said, "They are lovely the ladies that come, more like friends really, I am so sad when they have to go." Another said, "I am very happy, the carers are very nice." A third told us, "It's grand, I couldn't get better, I am 95 and still quite capable but they just come and sort me out and I have a good chat with them all, they are all lovely, I think the girls are marvellous." A fourth said, "[Staff member] is a friend to me. She is lovely. I trust her very much."

Relatives were as equally complimentary about the caring nature of the staff. One told us, "They are very good with (relative) most kind." Another said, "We always find them very helpful."

Positive relationships were built between people and the staff that cared for them. One person said, "We all know each other. We are quite a close community. They are a lovely bunch. I get on with all of them." A relative said, "They are so cheerful." They are so kind. He [their family member] looks forward to them coming. They have a laugh and a joke with him." We saw evidence of staff going the extra mile when providing care. One member of staff brought a person a bouquet of flowers and we saw photographs and feedback from the person on what this meant to them. Another example was provided by a relative who told us, "They [member of staff] are close friends to us now." They said that their family member had wanted to see the new Mary Poppins film and they arranged to see the film with the person and the member of staff. A third person fed back that they were, "Over the moon" when a member of staff had ironed their bedding for them.

Staff were positive about the people they cared for and what the role meant to them. One member of staff said, "At times I've developed a bond between the clients. You can sense we [staff] care a lot." Another said, "I put myself in the shoes of the client. I sense the hurt [the person] is going through." A relative told us that staff had been very supportive to them as well as providing care to their family member. They said, "If I'm worried about him, I feel I can talk to them. They have been so helpful to me."

People and relatives said they felt involved in the planning of their care and were supported with their independence. A person told us, "I have a care plan, they asked me what I wanted." A relative said, "They are very good with (their family member) they get her to do as much as she can for herself and that is so much better for her." Another said that staff had encouraged their family member to regain their confidence and mobility. They said, "It's made such a big difference. She is more confident now."

People were treated with dignity and respect by staff. One person said, "It's been marvellous. All the ladies that come here have been most respectful and polite, they keep me on an even keel." Staff told us that providing personal care they ensured that this was done with dignity. One told us, "You treat them [people] with great courtesy. You don't leave them exposed." Another said, "I am kind and compassionate, listen to them and what they want and respect their wishes." Staff told us that they reviewed people's profiles to

understand what was important to them. One told us, "You check with they liked to be called."

Is the service responsive?

Our findings

When we last inspected Smart Care we concluded the service was responsive and rated it Good. Following this inspection, we found that they had maintained their good rating.

People and relatives told us that they were involved in their care planning. They said that their care plans were reviewed regularly. Comments included, "I have a care plan. It says what I want it to", "We have a care plan and it covers all we need", "We get regular reviews. If you need to change anything the office is very helpful" and "They come from the office for reviews of the care plan and check if my needs have changed."

Staff provided appropriate care that met people's needs and preferences. One person told us, "They are very flexible. If they weren't, I'd be on the phone because I want them to do what I want them to do." Another person told us that it was important to them to have a call at a certain time. They said that this agency had done what was asked of them straightaway. They said, "They were an absolute Godsend. They fitted straight into our pattern." A third said, "They [staff] all know what to do." One relative told us that staff had been really helpful when their family members' needs changed. They said, "They helped me so much. They told me what to do, who to ring." There were no people receiving end of life care at the service. The registered manager told us that they would discuss people's wishes in relation to the care they wanted.

People were also supported to access the community where appropriate. One person said, "She [the member of staff] helps me, she takes me shopping, she helps me do things." A member of staff told us that they had supported a person to join a day centre and took them there two days a week. They told us that this had improved the person's quality of life. They also supported the person to go to a Pantomime.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. People told us that they knew how to raise a complaint and felt at ease to raise any issue. One person said, "They listen to you. If you've got any problems you can go to [the registered manager] and she'll sort it out. She will always listen." Another person said that the registered manager had responded when they raised concerns previously. They told us, "There was a time when some things were getting forgotten." They said they had raised this with the agency and it had been resolved. A third person said, "We have no complaints." We saw that there had been one complaint since the last inspection and that this had been investigated and resolved.

Compliments were also received at the service and shared with staff. One relative fed back, "Thank you for all of the care my Mum has received over the many years you have looked after her." Other compliments included, "We have received very professional care from all of the carers who attended to Mum", "Smartcare has made a profound difference" and "You have done a lot to put my mind to rest."

Is the service well-led?

Our findings

When we last inspected Smart Care we concluded the service was Well Led and rated it Good. Following this inspection, we found that improvements were required around the recording of records and the auditing of care. On this inspection we have rated this domain as Requires Improvement.

We found that care plans were not always detailed with the appropriate guidance for staff. For example, one person had a particular medical condition. There was limited information in the care plan around what this condition was other than it impacted on the person's sight and speech. The care plan stated that the person, "Struggled to communicate thoughts and feelings" but no guidance or care plan around how the person actually communicated. In another care plan it stated that the person had diabetes but there was no additional guidance on signs to look out for should they become unwell. There was a risk that new staff would not have the appropriate guidance to provide the most appropriate care. The routines specific to each person required improvements so people could be supported them with their emotional needs. For example, in one person's care plan it stated, "Possible slight depression" but there was no guidance for staff on how they could be supported. There was also a lack of guidance in another person's care where it stated that they had, "Anxiety and depression."

Improvements were required around how the service monitored care calls. There had been five missed calls at the service this year for a variety of reasons including scheduling errors. Sufficient steps had not been taken to reduce further risks of this occurring. In one instance the registered manager was not made aware of the missed call until four days after the event. Although each person was contacted and apologies made and actions taken after the last missed call in November; consideration had not been given to ask staff to contact the office via text or call to inform the office that they had arrived at the call to reduce the risk of missed calls. This was particularly important where people were not able to contact the office should a carer not turn up. Improvements were also required around the frequency of spot checks that staff received. The delay in undertaking these was due to senior staff [that undertook the spot checks] having to also provide care to people. The registered manager explained that spot checks occurred when there was a reason to suspect that specific staff members needed closer monitoring or support. There was no consistent system in place to monitor and inspect staff practice in people's homes. The new electronic system to monitor all calls should avoid any further incidents of missed calls as staff will be monitored in real time.

People's daily notes were task focused rather than person centred. In one person's daily notes we found entries that stated, "[Person] difficult tonight." There was no additional information to support this statement. These lacked person centred information such as how they felt throughout the day and what conversation topics were spoken about. This information can help provide responsive and personalised care to a person. The care plans were not always easy to navigate to establish the most up to date information. In one care plan it stated that the person's PRM medicine had ceased however the daily notes suggested that the medicine had been given by staff after this note was made. Although it was correct that the medicine was given the care plan records were confusing around this. There was a note in one person's review meeting that when staff had attended a call on a particular day the person had not been at home but had been at a pre-arranged appointment. However, the member of staff had not recorded this on the

person's notes at the home.

We also found that incidents and accidents were not always formally recorded on forms by staff. Staff were required to call the office when an incident occurred however there was no requirement for them to complete an incident form but just to write in the person's daily notes. The registered manager told us that they would introduce these immediately after the inspection.

As systems and processes were not always established and operated effectively and records were not always robust this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they were introducing an electronic system to monitor the arrival and departure times of staff. An alert would be sent to team leaders by email if no one arrived for the call. They told us that the system would also improve how care notes and care plans were recorded.

There was a registered manager at the service. 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.

People and relatives were complementary of how the service was managed. One person said, "It's very well-managed. They were recommended to me and they have lived up to everything they promised. I'd score them an A star." Another told us, "[A member of office staff] is lovely, she keeps in touch." A relative said, "I can ring them if I need anything." Another relative said, "I was so relieved when I found Smart Care. They are amazing, they'll do everything they possibly can for you." A third told us, "They take a lot of trouble to make sure they recruit the right people."

Staff understood the values of the service and this impacted on the delivery of care. One member of staff said, "We need to represent what the company represents." They told us, "Can I go to bed knowing that I have done my best." Another told us, "They [staff at the agency] really care, their hearts are really in it." A third told us, "I would be very assured and happy if Smart Care were caring for my parents." A fourth said, "You have long days but you meet incredibly brave people."

Staff morale was good and staff told us they that felt valued. Staff attended regular meetings and were asked for feedback on how to make improvements to care. One member of staff said, "They go out of their way to listen to suggestions." Another told us, "We don't need to hold back, we have our input and [the registered manager] listens." A third said, "They listen to me when I make a suggestion or recommendation and act upon it." They gave an example of suggesting introducing a visual rolling alert system for medicines administration. We found that this has been implemented.

We saw that staff were thanked for their work and were paid an, 'Annual Loyalty Bonus' at the end of each year. One member of staff said, "My work is valued. I'm valued as a person. It makes me want to go the extra mile." We saw that one member of staff was nominated for the Surrey Care Awards. One relative fed back about this member of staff, "Where others go the extra mile, [staff name] will go the extra ten on her own time." Staff fed back positive comments about the registered manager and the leadership of the service. One told us, "I do like it here. They are friendly. They listen and don't jump to conclusions."

Other than the spot checks and supervisions there were other systems in place that were being used to improve the quality of care. People and relatives told us that they were regularly contacted by staff at the

office to gain feedback of their care. One person said, "They come out and do reviews once in a while." Another told us, "I usually get a one to one feedback interview." A third said, "They are always on the end of the phone. They come calling, they check on me. I've never had any complaints. In eight years, that's quite something." We saw that questionnaires were also sent to people to gain their views. One told us, "We complete a survey every year." They said that the agency had taken feedback on board and that the registered manager had visited them after the survey to discuss their comments.

Monthly medication audits took place and where shortfalls were identified actions were taken. Infection control audits showed communication and measures for staff reporting potential infection risks and actions taken. For example, one staff member had contracted shingles and the provider had taken action to remove the member of staff from working to reduce further infection to staff and people. Audits showed identified areas for staff practice and areas for further or refresher training.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems and processes were always established and operated effectively and records were not always robust.