Care Quality Commission

Kent Social Care Professionals Limited

SCP Complex Care

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

We inspected this service on 21 September 2017. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

SCP Complex Care is registered as a community based domiciliary care agency (DCA) which delivers personal care and the treatment of disease, disorder or injury to people living in their own homes, including children living in the family home. The agency provide care and support to people who have complex health and support needs such as, an acquired brain injury or people requiring clinical support from registered nurses. At the time of our inspection the agency was supporting 86 people, within the South East. This was the first comprehensive inspection since the agency was registered on 30 September 2016.

At the time of our inspection, there was a registered manager in place who was supported by a team of registered nurses and care staff.. 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 received a service that was safe and relatives told us they felt their loved one was safe. Staff received training in safeguarding adult and children and knew what action to take if they had suspicions. Potential risks to the safety and welfare of people had been assessed and minimised. Staff followed detailed guidance to minimise the risk to people and staff, both internally and externally.

There were sufficient numbers of staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training including specialist training to fulfil their role and provide the appropriate support. People and their relatives could be assured that staff were fit to carry out their duties because recruitment practices were safe and checks were carried out to make sure staff were suitable to work with adults and children who needed care and support.

Staff were supported by the registered manager and the management team who they saw on a regular basis. The registered manager encouraged staff to undertake additional qualifications to develop their skills. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Care staff were supported by a team of registered nurses who competed competency assessments with them as well as offering clinical support.

The agency was responsive to people's needs, care plans were individualised and put the person at the centre of their care and support. People and/or their relatives were fully involved in the development of the service they received, as well as a review. People were asked for their consent before care was given and they were supported and enabled to make their own decisions. People were encouraged to be as independent as they could with guidance in place for staff to follow. Relatives told us their loved ones were

treated with dignity and respect whilst receiving care and support from the agency. Information about people's likes, dislikes and personal histories were recorded within their care plan.

People were supported to maintain their nutrition and hydration, with support from health care professionals. Some people required specialist support from staff that was accommodated with appropriately trained staff. People were supported to maintain their health with the support from staff and health care professionals. People received their medicines safely by trained and competent staff. Policies and procedures were in place for the safe administration of medicines.

Systems were in place for monitoring and improving the quality and safety of the service. These included face to face reviews, regular audits and annual questionnaires. People and others feedback was sought and acted on to improve the quality of the service being provided to people.

Systems were in place to monitor and respond to concerns or complaints that had been raised. Complaints were seen as a positive way to improve the service which was being provided to people. A complaints policy and procedure was in place and information about how to make a complaint was provided to people and/or their relatives within the service user guide.

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 were protected from the risk of potential harm or abuse.

Risks to people, staff and others had been assessed and recorded.

There was a sufficient number of staff to ensure that people's needs were met. Staff were recruited safely to ensure they were able to work with adults and children who needed care and support.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good

The service was effective.

People received effective support from trained and competent staff that were able to meet their needs.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs. Staff were supported in their role by the registered manager and nursing team.

Staff understood their responsibilities under the Mental Capacity Act. Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and respected their privacy and dignity.

Staff promoted people's independence and encouraged them to

do as much for themselves as they were able to.

People and/or their relatives were involved in the development of their care plans. People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories. This information was stored confidentially.

Information about the agency was available to people and/or their relatives.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs. People received an individualised service which was centred around their needs and preferences.

People and/or their relatives were included in decisions about their care and support.

People's and others feedback was sought and acted on.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Good

The service was well-led.

The registered manager was skilled and experienced, and understood their role and responsibility to provide quality care and support to people.

The registered manager was supported by a team of registered nurses and a senior management team.

There was an open culture where staff were kept informed and able to suggest ideas to improve the service.

Systems were in place to monitor and improve the quality of the service that was provided to people.

Care Quality Commission

SCP Complex Care

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 21 September 2017 and was announced. The inspection team consisted of two inspectors and an expert by experience, who made calls to people using the service and/or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with two people, who were receiving support from the agency. We spoke with nine relatives of people using the service to gain their views and experiences. We spoke with the registered manager, a senior support worker and two care staff.

We spent time looking at people's records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at eight people's care files, five staff files, the staff training programme, induction programme and staff competency assessments.

Good

Is the service safe?

Our findings

Relatives told us they felt their loved one was safe with the staff supporting them. Comments included, "I've been very impressed by them. I thought they'd be basic but they're not." "I am very happy with them, so far so good." And, "They keep to days and times."

People were protected from the potential risk of harm and abuse. There was a safeguarding policy and procedure in place which staff followed. Staff received training in safeguarding adults and children. Staff were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the registered office, the local authority, police or the Care Quality Commission (CQC). All potential staff were given a pocket sized factsheet which contained information relating abuse and the action that should be taken. Safeguarding concerns had been raised by the registered manager to the local authority safeguarding team and CQC when necessary. A process was in place to monitor and record any actions taken following a safeguarding.

Systems were in place to ensure staff were recruited safely and were able to work with people who needed care and support. The agency employed a recruitment consultant who completed the initial screening process for all candidates. If a potential member of staff passes the initial screening stage the recruitment is passed onto the compliance team who gather the required documents. Each of the five staff file we viewed had a compliance checklist at the front, this documented the information received as part of the recruitment process such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health. The checklist enabled the registered manager and the recruitment team to see what documents were outstanding. Once the recruitment process had been completed the registered manager held the responsibility for signing new staff off, as 'ready to go.' These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The registered manager told us there was a continuous recruitment process in place for areas which they had found harder to recruit to. The continuous recruitment ensured staff were available to cover any potential shortfalls such as, annual leave or sickness.

Medicines were managed safely for people who required support with this. Staff had been trained in the safe administration of medicines and followed a medicines policy and procedure. Staff completed a medicine competency check with a member of the management nursing team before administering people's medicines. Guidance was available to staff to inform them of the exact support people required. The agency used medicine administration records (MAR) sheets which were signed by the member of staff when the medicine had been administered. The MAR sheets were audited on a regular basis by a member of the management team. Records showed that any gaps in signatures had been explained and recorded such as the staff providing support on specific days. Staff were also observed by a member of the management team administering people's medicines during regular 'spot checks'.

Risks associated with people in their everyday lives had been assessed and recorded. Each person had a holistic risk assessment which included any potential external risks such as outside paths, lighting and parking and internal risks such as carpets, furniture and stairs. Risks relating to people's medicines, moving and handling, risks relating to personal care needs and nutritional and hydration needs, had been linked to people's care plans. Each risk had been assessed to identify any potential hazards that were then followed by action on how to manage and reduce the risk. Incidents, accidents and near misses involving people or staff were recorded and monitored. Records showed that an investigation had been completed by the registered manager following an accident with actions recorded such as, additional training for staff, using specific pieces of equipment. People and staff were kept safe by detailed individual risk assessments for staff to follow, which were regularly reviewed and updated, when necessary.

The safety of staff that were lone working in the community had been assessed and recorded. A policy regarding lone working was in place which was followed by all staff. A contingency plan was in place for the event of an emergency within the registered office such as a flood or failure of the IT equipment. This also covered the procedure to follow in the event of extreme weather and a major transport disruption. An on call system was in place which was manned by a member of the management team. The registered manager told us that all staff received their rota on a Wednesday which was confirmed before being sent out to people using the service. All staff then received a telephone call on a Friday to confirm their shifts for the weekend. The registered manager told us that this had reduced any issues over the weekend with staff not arriving or being late. Any equipment in use, for example a hoist, also had a service record, to demonstrate that it was safe to use.

Good

Is the service effective?

Our findings

Relatives told us they felt the staff were well trained and able to meet their loved ones complex care needs. Feedback from the 2016 annual survey showed, people and/or their relatives felt the staff were competent and able to provide the service required. Relatives gave specific examples of how staff had adapted their ways of working to meet the needs of their loved one. For example, one person was anxious about going out however, they said the staff were patient and kind with the person and made the outings enjoyable.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. All new staff completed the corporate five day induction programme at the start of their employment that followed nationally recognised standards; including the Care Certificate. This was then followed by training specific to their role. Staff told us they were provided with an induction when they joined the service. Records showed and staff confirmed they had completed shadowing shifts where new staff would work alongside more experienced staff to observe their practice until they felt competent. The nursing team were supported to maintain their professional qualification through revalidation. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification.

Staff had been trained to meet people's specialist needs such as percutaneous endoscopic gastrostomy (PEG), this is when a person is unable to swallow food or fluid and, gastrostomy button feeding, this is when a child is fitted with a tube from the stomach out onto the abdomen. Following this training staff completed a competency assessment and observation with a member of the nursing team, staff told us they had found this useful. Competency assessments for specialist tasks were conducted by a qualified nurse. The assessments included key criteria in each of the specialist areas, and included an observation of the staff member's practice in these areas. For example, clinical techniques and knowledge of suction for nasopharyngeal and oral routes, this was to remove secretions from the persons' mouth and had been assessed and observed. The assessment also included testing the staff member's knowledge on potential problems with the technique, and actions required. Specialised information on conditions people lived with was also provided. For example, key clinical studies into a chromosomal abnormality were provided within the care record of one person who was living with this condition. The clinical studies provided detail and context into the condition, and allowed the care worker to have more insight into how to support this person.

Staff said they felt valued and supported in their role by the registered manager and management team. Staff told us they were reviewed through a system of supervision, appraisal and spot checks. Face to face supervisions provided opportunities for staff to discuss their performance, development and training needs. The spot checks were unannounced, and conducted by the registered manager, who observed the care worker providing care to the person in the person's home. Records showed that care workers received practical as well as theoretical training and information. This allowed staff to meet the specific and complex needs of people who used the service. Staff received an annual appraisal with their line manager, this gave an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

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. 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. In domiciliary care, these safeguards are only available through the Court of Protection. No one was subject to an order of the Court of Protection.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice for example, how they applied it to their work such as offering choices and asking people if they were happy to proceed before carrying out any care. All the care records included a consent form signed by the next of kin, to demonstrate agreement with the plan of care. It was noted that for one person aged 17 years, the consent form was signed by their next of kin, and there was no indication recorded of whether the person was able to provide informed consent. The person's initial assessment noted that there was some cognitive impairment, but no mental capacity assessment had been carried out. The person may have been able to make some of their own decisions, but the plan of care did not reflect this. The registered manager told us that they would complete a mental capacity assessment when the person turned 18 years of age.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People who were using the service had complex support needs, staff were guided and followed information from health care professionals. Staff told us they worked with the persons' relatives and health care professionals to ensure people maintained their nutrition and hydration. The care plans provided clear detail on how to support the person; for example, in a care plan for nutrition it was noted that the person should be given thickened drinks on a spoon. People's nutrition and hydration needs had been considered and met by staff that had the knowledge and skills.

People using the agency had complex health needs, staff worked alongside health care professionals to ensure people remained as healthy as possible. Each person has a designated nurse who was employed by the agency; the nurse held the responsibility for ensuring the person's care plan was up to date. The registered manager told us they felt by having an allocated nurse to each person, ensured consistency and continuity. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids and any specialist equipment. Changes to a person's condition were clearly documented, as well as any interventions required by other healthcare professionals. For example, one person had a skin rash, and records showed staff had informed the person's doctor, and used the prescribed topical cream effectively.

Good

Is the service caring?

Our findings

Relatives spoke highly of the staff supporting their loved one. Comments included, "I'm delighted with them 100%." "Very good, they've been great with us." And, "If I'm not here I don't have to worry, the carers will step into my shoes and my daughter likes them."

The registered manager told us that everyone using the service were offered a meet and greet opportunity with any potential members of staff. This gave people the opportunity to ensure the potential staff member was suitable and enabled a relationship to begin. The registered manager told us that following the meet and greet, a check would be made to ensure people were happy. A member of staff confirmed that had met the person and the family "to ensure they felt comfortable" with the member of staff. Staff were allocated to the same people to ensure consistency and enabled a positive relationship to be built with people and their families.

Feedback from the 2016 survey showed the people and/or their relatives felt staff 'upheld people's dignity'. 87% of people felt staff always maintained their privacy and confidentiality. The majority of people and/or their relatives felt that staff always treated them with courtesy and respect. As a result of the feedback an action plan was developed by the registered manager and the senior manager. Staff received training as part of their induction in the importance of maintaining people's privacy and dignity. Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example, ensuring the person was covered up, asking other people to leave the room and closing the doors.

People and/or their relatives told us they were involved in the development and review of their care plan. Feedback from the 2016 survey showed that 93% of people and/or their relatives had been 'totally involved' in the planning of the service they received from the agency; the remaining 7% said they had been involved. Care plans were detailed, and reflected the assessed needs of the person. People and/or their relatives were encouraged to share information about their life history, likes and dislikes which was recorded in their care plan. Examples included, what the person liked to eat and activities they enjoyed participating in. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations.

People's care plans contained information for staff to follow to promote their independence. For example, one person's personal care risk assessment noted that the person was able to assist with their dressing by putting their arms into their sleeves. Feedback from the 2016 annual survey showed that people and/or their relatives felt staff encouraged them to do things for themselves.

The provider had produced a comprehensive service user guide which was given to people and/or their relatives prior to them receiving a service. This document was regularly reviewed to make sure it had up to date information. The document included information about the registered manager and care staff, the different services the agency offered and information about what people could expect. It included the aims and objectives of the agency, the charter of rights for people and the quality assurance systems. The document was available in different formats to ensure it was accessible to everyone. People using the

agency were given the information they needed about what to expect from the provider and the service they were receiving.

Systems were in place to ensure people's confidential personal information was stored securely. Staff spoke about the importance of maintaining people's confidentiality when supporting people and writing within the persons' daily log.

Good

Is the service responsive?

Our findings

Relatives told us the agency was responsive to their loved ones needs and they received the support they needed when they wanted it. They spoke about how consistency was important to their child or loved one which was accommodated by the office staff. Comments included, "I'm very happy with them. They've been very good at fitting me up with carers who suit me." "I'm really happy with the service, it's brilliant, and it works really well for us. I email one particular person in the office to request visits and they arrange it." And, "The girls in the office are always there and ready to help."

A health care professional told us the staff were always of 'high calibre' and understood the complexity of the person's needs. They wrote, 'I have always found SCP's Complex Care staff to be knowledgeable about the needs of brain-injured people, and I have always found all of their office team to be proactive in seeking cover.'

An initial assessment was completed with people, their relative, the registered manager and/or a member of the nursing team before the service could commence. Referrals were made directly from the local authority or the clinical commissioning group (CCG), but relatives could also make direct contact with the agency themselves. An initial holistic risk assessment was then completed at the initial assessment stage. This was a detailed risk assessment which covered the physical environment and recorded any identified hazards to both the person and staff. The risk assessment was then used to draw up a plan of care which took into account the current abilities and specific needs of the person for a variety of daily tasks, such as getting up, walking or personal care. The risk assessment determined the level of support required; for example whether the person was independent, or required minor or major support. The corresponding plan of care then detailed which resources or equipment were required to provide this support.

The care plans were personalised and reflected the person's preferences. For example, one person was noted to enjoy swimming and visits to the park, and these were regularly documented in the care record for that person. Another care record noted that although the person was unable to communicate verbally, they could choose their own clothes by tapping on their choice from a provided selection. Care plans for each person included an identified need, the actions required to meet that need and a planned outcome. There was evidence of regular reviews of care, which involved all the key stakeholders in a person's care, such as their doctor, social worker, next of kin, as well as care staff from the agency. The reviews discussed the suitability of the person's care package, and whether or not any changes were required.

People were supported to access the local community and take part in activities if this was part of the package of care. Records showed people had been supported to access the local snooker hall, the cinema and the job centre. Risk assessments for specific activities were clearly written and gave detailed information on the individualised care interventions required, or ability of the person to support themselves.

Information about how to make a complaint was included within the service user guide; this was given to people when they started to use the agency. Relatives told us they knew how to make a complaint, however

they hadn't needed to. One relative said, "During the review they always ask if we have any complaints or queries." A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. A log was kept of all complaints that had been made with details of any action that had been taken. Records showed that the complaints process had been followed for the complaint that had been made. The registered manager had investigated the concern that had been raised and had taken action, which was reported back to the complainant. People could feel they were able to raise comments and these would be listened and acted upon.

The registered manager kept copies of compliments the agency had received from people and/or their relatives; these were in the form of cards, letter, phone calls and emails. One email spoke of how well two members of staff had interacted with their loved one, they said the staff were, 'so well-mannered and interested in finding out about [loved one]. Another read, 'It has been an absolute pleasure working with you, you have restored my faith that there are some honest people in the workforce.' A third email read, You've always been extremely helpful with any situation and, in a very timely fashion.'

Good

Is the service well-led?

Our findings

Relatives told us they knew who the registered manager was and found them approachable. They said the agency offered a quality service which met the needs of their loved ones. Comments included, "I don't think they could do any better, I would recommend them to other parents." "Out of all the ones we've had over the years they're the best." Another relative said when talking about other care agencies they had used previously, "There's no comparison between them, Kent SCP are so much better."

The registered manager was experienced in their role having worked with people who had complex care needs for over 19 years. They were a registered nurse and had recently completed a national vocational qualification in leadership and management. The registered manager attended regular meetings with commissioners to discuss the service delivery. The registered manager was supported by two other nurses and a deputy manager who worked within the registered office and out in the local community. The registered manager was supported by a managing director and senior management team who were in regular contact through visits, emails and telephone calls.

The registered manager spoke passionately about providing people with a high quality service, which met their needs. Staff told us there was clear visible leadership with open communication between staff and the management team. One member of staff said about the office staff and management team, "Open and approachable office staff. There is no obvious hierarchy; everyone in the office is friendly and helpful." Another member of staff said, "The office team is very open, visible, approachable and supportive." Regular team meetings were held with staff which gave the management team further opportunity to discuss practice and give any feedback about the agency and organisation. Staff meetings gave staff the opportunity to give their views about the agency and to suggest any improvements.

Staff told us they were aware of their role and responsibility and who they were accountable to. Each member of staff was given a contract of employment and job description which outlined the expectations of them and their role. Staff had access to a range of policies and procedures to guide and support them in their role. The registered manager would also use these with the support of the human resources (HR) department if staff were not performing to the required standard, set by the organisation.

The registered manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly.

Systems were in place to monitor the quality of the service being provided to people. There was a regular care record audit, which checked if care visits were conducted and recorded as planned, and if continuity of care was evidenced. The audit also noted if the care recorded reflected the care planned, and noted if there were any discrepancies. People and/or their relatives took part in regular quality assurance checks, including care reviews and an annual survey. Results from the annual survey were collated and used to develop an action plan, to improve the service being provided to people. Then provider completed an annual audit of the service, the last audit was completed in July 2017, results showed the service had

increased by 15% since their last audit. People could be assured that the quality of the service being provided was under constant review, with a view to improve.