

SC Galaxy Care Ltd

SC Galaxy Care

Inspection report

22a Randlesdown Road
Bellingham
London
SE6 3BT

Tel: 02084883767

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

SC Galaxy Care is a domiciliary care agency personal care to people living in their own homes. The service provides support to people over 65 years old. At the time of our inspection there were 20 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People shared complimentary views about the service and the care workers who visited to provide care and support.

Staff understood the provider's safeguarding policy and how to keep people safe from harm. The provider's safeguarding processes ensured any allegations of abuse were reported and managed safely.

The provider's recruitment policy and processes were used to employ experienced staff. Staff records contained pre-employment checks including the right to work in the UK to ensure people were cared for by suitable staff. Staff had sufficient training and support to help them carry out their jobs.

Each person had an assessment to identify risks to their health and wellbeing. A mitigation plan was in place to manage risks and staff had this guidance on how to support people safely.

Staff had ongoing training and implemented best practice to help them provide appropriate support to people and to report any concerns if these occurred. Support with meals was provided if this was part of their package of care. Health and social care professionals offered advice and assessments when changes in people's needs occurred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems were in place to monitor the service, and to obtain feedback from people and staff.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this was rated good, (published, October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SC Galaxy Care on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe. Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective. Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led. Details are in our well-led findings below.</p>	<p>Good ●</p>

SC Galaxy Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector, 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we were carrying out an inspection using remote technologies and electronic file sharing.

What we did before the inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We also spoke with 13 people, 2 friends and 2 relatives. All staff were sent a questionnaire and we received feedback from 1 of them. We looked at 4 people's care records. We reviewed variety of records relating to the management of the service, including medicines administration records, policies, and quality of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 15 May and ended on 26 June 2023.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibilities to protect people from the risk of harm and abuse. There were systems in place to record, report and monitor allegations of abuse.
- Staff training in safeguarding provided them with a good understanding of how to identify different types of abuse and how to report any concerns promptly.
- People told us they felt safe receiving care and support from staff. One person said if they had any concerns they felt able to report these to the manager of the service.

Assessing risk, safety monitoring and management

- People had an assessment to identify specific risks related to their physical health, mental health and mobility needs. A risk management plan was developed with actions for staff to take to minimise and mitigate those risks to keep people safe.
- Staff monitored risks to people to ensure care and support was safe and met their needs. Risk management plans were reviewed regularly to ensure they remained relevant and provided appropriate guidance to staff.
- People felt safe receiving care and support. People commented that they were happy with the service they received and said care workers arrived on time to support them. People said, "Yes I am happy with the services absolutely."

Using medicines

- The provider had clear systems to monitor and implement safe medicines management practices. Staff had training and assessed as competent to support people with their medicines.
- Medicines records were accurate, signed and completed to demonstrate staff had administered medicines as required. No unexplained gaps were found in people's medicine administration records (MAR) charts.
- Each person had relevant medicines risk assessment in place for their individual administration needs. People's medicines risk assessments recorded the name, frequency, times and dose details of the medicines administered including any specific instructions for administration.

Preventing and controlling infection

- The provider had an infection prevention and control policy to safely manage and reduce the risk of infection.
- The provider had sufficient supplies of personal protective equipment (PPE) and staff confirmed they had access and was available for their use. The provider showed us they had enough supplies of PPE for staff

including gloves, aprons, hand sanitiser gel and clinical waste bags.

- Staff understood their responsibility to protect people from the risk of infection. They were trained in infection prevention and control and they applied their training to reduce risks.

Learning lessons when things go wrong

- There was a process for recording any accidents and incidents that occurred at the service. The registered manager was responsible for the investigation into any events and take action as required.
- There were systems in place for the review and regular monitoring of the service. Staff understood their responsibilities to report concerns in a timely way so action could be taken to resolve those issues.
- Staff knew how to report and record any concerns or issues related to people's needs or changing health conditions. The management team were responsive to any concerns raised and communicated with staff with a solution to those concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support plans contained information about their individual care and support needs.
- Care assessments contained information and details from people, their relatives and health and social care professionals involved in commissioning a care service. This ensured people's views and opinions of the service were captured and implemented into their care plan.
- Assessments identified people's individual needs including ways in which they preferred to receive their care and support. Staff gathered people's views of their care needs, strengths and about the management of their care. Care records also included people's daily routines, cultural, religious and nutritional needs and details of friends, family and people who were important to them.

Staff support, training, skills and experience

- The registered manager ensured staff were skilled and experienced in providing care and support to people before being employed. All people we spoke with told us staff were well trained and able to care for them with experience and kindness.
- Staff had training in safeguarding, mental health, infection control and prevention and medicine management. Staff had completed the provider's refresher training when this was due.
- The registered manager had support systems in place for staff to help them carry out their role. Each member of staff had regular supervision and annual appraisal to discuss their individual work performance and professional development.

Supporting people to eat and drink enough to maintain a balanced diet

- People received sufficient food and drink to meet their individual nutritional needs and meal preferences.
- Staff supported people to ensure they had access to meals and drinks to meet their specific needs to help them to maintain and manage a health condition. For example, a person who was at risk of unintentional weight loss required support with daily meals. The person developed a menu they enjoyed, and with staff support prepared meals, so they had access to food when needed. This meal support meant the person ate regularly and reduced the risk of unintentional weight loss or malnutrition and improving their health.
- Staff had training to understand people's specific nutritional needs and to provide support to meet them. For example, if a person required nutritional supplements or meals administered through a percutaneous endoscopic gastrostomy (PEG). A percutaneous endoscopic gastrostomy allows nutrition, fluids and/or medications to be put directly into the stomach.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had a system and process to monitor people's health care conditions and put

plans in place to resolve any concerns.

- The provider had internal health care professionals that could provide support and advice if people's health needs changed and deteriorated. This clinical advisory group included two registered nurses and a consultant physician. They were available to give advice for staff if people's needs changed during a care visit. Any changes in health care were shared with the person's GP so they had updated information about their patient.
- The registered manager contacted health and social care professionals involved in people's care. For example, when a person needed a specialist assessment due to their deteriorating mobility needs, they were able to raise this concern and the person had an appropriate assessment.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed relationships with representatives from local authorities and health care services. They had established a good working relationship.
- Staff understood their responsibility to share any concerns with the office staff and GP when needed to keep the person safe. Staff used a messaging service to share concerns with senior staff on a daily basis and also in an emergency.
- People and relatives told us they had the contact details of the service and they were welcomed to contact the office if they had any concerns.
- Staff spoke about people's individual needs confidently and how they would respond to specific health and social care needs concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained information about whether they had the ability to provide informed consent to make decisions about their care and support.
- The registered manager understood that an application to the Court of Protection would be required if a person was not able to make specific decisions for themselves.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

- The provider had systems in place that monitored all care visits to people to ensure assessed care was delivered and as expected. People told us that they received their care and support as arranged and if staff were going to be late, they would contact them to inform them of the delay in the care visit.
- The provider had a range of policies and procedures which reflected good practice, legislation and guidance. Staff followed this guidance to ensure they met the quality standards of the service.
- Care staff understood their roles to ensure people received a care service that was of good quality and that met their needs. People spoke positively about the registered manager and office staff. One member of staff said, "Our branch manager, and care coordinator both have years of experience, working in the care sector" and "Receiving a thank you, tells me I'm doing a good job."
- The registered manager had shown a commitment to continuous learning and improvement at the service to improve the quality of care. The clinical advisory group staff had provided support and training to care staff when completing delegated tasks such as PEG feeding and tracheostomy care.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of safeguarding incidents and events that occurred at the service in a timely way. At the time of the inspection there were no open safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager showed clear leadership to staff and of the service. The management systems regularly reviewed the quality of care, service delivery and staff competency.
- The provider was supportive to staff to help them carry out their roles in a safe way. The registered manager told us they provided training for staff and regular meetings to discuss any concerns and share positive feedback.
- The feedback from people, staff and professionals showed the quality of care was consistent and people had good outcomes of their individual needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had developed systems for people to give their feedback about the quality of the service. Regular telephone calls, questionnaires and spot check visits took place to gather feedback from people using the service. Feedback shared with us was positive especially when people spoke about the care

workers that visited them.

- Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Meetings provided an opportunity for staff to contribute and share their ideas and views with their colleagues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated they understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.
- Staff had attended training provided by healthcare teams and local authority team to help them better understand about people's needs and the different types of equipment they used.