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	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

SC Galaxy Care is a domiciliary care service. The service provides personal care for people living in their own homes. At the time of the inspection, 22 people were using the service. This inspection took place on 6 June 2017 and was announced. This was SC Galaxy Care's first inspection since their registration with the Care Quality Commission (CQC).

The service had a registered manager 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.

The registered manager and staff did not have an understanding of how to support people in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

People received their medicines as prescribed. Staff completed training in the safe administration of people's medicines. However, we found that medicine administration records (MARs) did not always have recorded when a medicine was not given. Since the inspection, the registered manager has sent us evidence demonstrating that they have reviewed the process for medicine audit systems.

Staff were supported by the registered manager. Staff had access to an induction, training, supervision and an appraisal. Newly employed staff underwent an induction and worked with experienced staff. However, we found that staff did not have a training programme in place and staff did not have the opportunity to complete refresher training to enable them to keep up to date with best practice. There was enough staff available to meet people's care needs. The staff rota showed when two members of staff were required to safely care for people, because of their specific care needs.

The registered provider's safeguarding policies and processes guided staff to help protect people from abuse. Staff knew the types of abuse, and when to raise a safeguarding alert. People provided consent to staff to receive care and support with their care needs.

Staff identified and managed risks to people's health and well-being. Staff developed risk management plans that contained details of the risks and action staff would take to manage them.

The registered manager followed safe recruitment processes. New members of staff had pre-employment checks completed, such as criminal record checks and references from previous employers. This helped to ensure the employment of suitable staff to work with people safely by verifying their identity, skills and

abilities.

People's nutritional needs were met by staff. This helped people to maintain their health and wellbeing. People had meals they wanted and in sufficient quantities. Staff supported people with shopping for food items if they wanted to make meals for themselves.

Health care services were available to people to meet their needs. Staff followed health care professional guidance to help people maintain their health. Consent to care was provided by people before receiving care.

People using the service and their relatives made decisions about the care they received. Assessments included people's care and support needs. Care was planned and delivered in a way that was person centred and incorporated people's likes dislikes and personal preferences.

Staff provided care and support to people in a way that showed they respected their dignity and privacy. Staff knew people well including their needs.

People were supported to attend activities of their choice. People were supported to live a life that met their abilities and helped them to maintain some independence. People continued to have contact with people in their lives that mattered to them.

People had regular assessments of their needs. Staff completed regular care reviews with people to ensure the care they received was relevant. People using the service and their relatives understood what actions they needed to take to complain about the care they received. The registered manager kept the Care Quality Commission [CQC] informed of notifiable incidents, which occurred at the service.

The registered manager had clear leadership which staff told us they valued. There was a positive culture within the staff team. Staff we spoke with said they enjoyed their job and were proud to work for the service.

The registered provider had quality assurance systems in place. Staff completed regular checks of the quality of care. People were able to provide feedback of the service and staff underwent regular observations and spot checks to ensure they practiced safely.

We have made a recommendation in relation to staff training and we also found the service was in breach of the regulation relating to consent. You can see what action we told the provider to take at the back of the full version of this 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

This service was safe. Staff knew how to protect people from harm and abuse. Staff were aware of how to report an allegation of abuse for investigation.

Assessments took place to identify risks to people's health and well-being. A management plan gave staff clear guidance on how to manage those risks.

People received their medicines safely. There were processes in place to complete an audit of people's medicines.

Recruitment processes were in place. Criminal records checks were completed before staff worked with people. The service had adequate numbers of staff to ensure people were cared for safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not understand the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their roles through an induction, training and supervision. However, staff did not always have the opportunity to complete refresher training.

People's health care needs were met by healthcare professionals when required.

Meals were provided which met people's needs and requirements.

Is the service caring?

Good

The service was caring. Staff understood people and their care and support needs.

People and their relatives made care decisions.

People were treated by staff with compassion, respect and

kindness. People's dignity and privacy were protected by staff.

Staff supported people so they could be as independent as they could be.

Is the service responsive?

Good

The service was responsive. Assessments took place for people, which identified their care and support needs.

Staff regularly reviewed people's care and support to ensure care delivered was relevant and continued to meet their needs.

There were systems in place to complain about aspects of the service.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager did not ensure staff had access to regular training to equip them in their role. The registered manager did not understand the Mental Capacity Act current guidance and legislation.

There was a registered manager in post and staff were happy in their jobs. The registered manager ensured they notified the Care Quality Commission of incidents that occurred at the service.

Staff sought feedback from people and their relatives.

SC Galaxy 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 6 June 2017, carried out by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in.

Before the inspection, we looked at information we held about the service, including notifications. A notification is information about important events, which the service is required to send us by law. The provider completed 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 spoke with five people who use the service. We also spoke with the registered manager, and two office based staff. We looked at 10 care records, medicine administration records (MAR) for three people, 10 staff records and other documents relating to the management of the service.

After the inspection, we contacted three care workers and two representatives from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Staff provided care and support to people that made them feel safe. One person told us "I feel safe, [staff member] always treats me well." Another person said "When the carers come into my home I am not worried at all. I feel safe and I trust them."

The registered manager had a system for reviewing people's medicine administration records (MARs). Staff brought MAR charts into the office so that staff could check if they had been completed as required. We found that MARs for three people did not always have recorded when a medicine was not given as prescribed. We discussed this with the registered manager and other office based staff. Since the inspection, we have been in contact with the registered manager regarding the MARs. The registered manager sent us evidence to demonstrate that they had looked at the process for auditing support provided with medicines. It was confirmed that the MARs are returned to the office every four weeks to be checked. We have also been provided with evidence of refresher training for all care workers carrying out direct administration of medicines.

The registered provider had a medicines policy in place. This provided staff with guidance about how to support people safely with their medicines. The policy took into account people who required different levels of support from staff. For example, some people required reminding to take their medicines while others needed support with direct observation to take their medicines safely. This meant that people received the appropriate support to take their medicines because staff had guidance to safely manage medicines.

Staff worked with local clinical commissioning groups (CCG) to manage medicines. We found that the registered manager and staff had direct support from staff at the CCG. The Lewisham Integrated Medicines Optimisation Service (LIMOS) provides practical advice and support to care services in the community when required. Staff had some concerns regarding a person's ability to manage their medicines and identified that the person required direct support to manage their medicines safely. They had completed a referral to the LIMOS team. Following a reassessment of the person's needs, the outcome was for care staff to provide the direct support the person needed to ensure they received their medicines safely and as prescribed.

The registered provider had embedded systems in place that protected people from harm and abuse. Staff understood the safeguarding policy that guided them on how to protect people from abuse. Staff knew what the signs of abuse were. Staff told us that they would raise an allegation of abuse with office based staff and the registered manager. One member of staff told us "I know what abuse is and I would make sure my client is kept safe." Another member of staff said "If I suspected abuse I would let the authorities know about it." The registered manager had followed their safeguarding policy and made appropriate referrals to the safeguarding team for investigation.

Staff assessed risks to people's health and well-being. Following this assessment, a plan was developed and put in place to manage those risks. Records showed that risk assessments identified areas of potential concern for people. For example, we saw a person was at risk of not taking their medicines as prescribed.

They had a risk assessment for medicine management. This detailed how staff should support the person to manage this risk safely. We saw another example where a person was identified as being at risk of falls. The risk assessment detailed the support staff would need to provide to the person to reduce this risk. This included providing the support of two care workers, the use of a hoist and the use of a sliding sheet to help the person to reposition in bed. Staff understood how to protect people from harm by supporting them to identify and manage risks safely.

The registered manager ensured there were sufficient staff available to support people safely and meet their needs. Two members of staff were deployed to care for people when this was required. There was a system in place to manage missed visits. Office staff provided cover at short notice absences such as sick leave. When an absence occurred office staff made contact with the person using the service to inform them of this and arranged cover. The service had a system that recorded late visits. When staff were regularly late for a visit, they would have a meeting to discuss this with their manager. When action was taken to resolve these late visits this was recorded. For example, it was recorded when office staff had discussions with the person using the service to change the staff member providing care for them.

Staff that worked at the service were recruited in a safe way. Office staff followed safe recruitment practices. They completed recruitment checks before staff were employed to work with people to ensure that they were suitable. We reviewed staff records. These held recruitment documents that were related to the application process. We saw copies of previous training, two references including an explanation for any gaps in their employment history, criminal records checks, information relating to the right to work in the UK and interview records.

Requires Improvement

Is the service effective?

Our findings

People's rights may not have always been protected as the provider was not meeting their responsibilities under the Mental Capacity Act 2005 (MCA) at the time of the inspcetion. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met. We reviewed one person's care record. We raised concerns about how a person was being cared for by staff. They were being prevented from accessing all areas of their home. The decision to keep the stair gate locked was made by the family to reduce the risk of the person falling down the stairs causing an injury.

The person had a history of dementia. We raised concerns with the registered manager that the person appeared to have an impaired ability to make decisions independently. The registered manager told us they would investigate our concerns and provide the Care Quality Commission with feedback. In response to this information, we have raised a safeguarding alert for the local authority to investigate because there is a potential unlawful deprivation of liberty.

Since the inspection, the registered manager had made contact with the local authority who then carried out a mental capacity assessment. The registered manager sent us information about this. The mental capacity outcome was that the person was able to make decisions for themselves in regards to having the stair gate locked.

The registered provider had not arranged staff training in the MCA. Staff we spoke with told us they were aware of mental capacity assessments. This was knowledge they had gained in their previous employment. This meant that staff did not have current knowledge in how to support people in line with the principles of MCA. People who may not have the ability to make care decisions for themselves were not appropriately supported.

These issues were in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff asked for people's consent before providing care. People had signed their care records to show that they agreed with the care and support offered to them. One person said "The girls are good and ask me what I want done, then I tell them, and agree to it" Another person said "Oh, yes, they [staff] don't do anything until we have discussed it and I agree or not."

Staff completed training to enable them to care for people safely. We discussed the training needs of staff.

The registered manager told us staff had previously completed training in manual handling, safeguarding adults and first aid. Staff were able to access training in medicine management from the LIMOS to ensure they followed best practice in the management of medicines. Staff told us that they found the training valuable. One member of staff told us "The training is good, it has really helped me." People we spoke with said staff were trained and knowledgeable. One person said, "The carers seem very well trained. They know me and my health problems." However, there had been little opportunity for staff to complete regular refresher training since working for the service. This meant that staff did not build on or gain new skills and knowledge to help them care for people effectively.

We recommend that the registered provider seek advice from a reputable source to ensure that staff training needs are met.

People had care delivered by staff who received support from the registered manager. Staff told us they had regular support from their manager. There was a system in place for staff to have regular supervision and an appraisal of their performance in their role. Supervision meetings were used for staff to discuss any concerns they had with their role. These meetings also allowed the registered manager to discuss any concerns they had and share information relating to the operation of the service. There was a record of these meetings and any actions taken followed up at the next supervision meeting.

Staff appraisals allowed staff to identify their training, learning and development needs. They also gave staff and their line manager the opportunity to review their progress during the year and identify professional development needs.

New members of staff completed an induction that supported them to prepare for their role. The induction introduced staff to the organisation's ways of working. New staff became familiar with the registered provider's policies and procedures. Experienced staff supported newer members of staff by allowing them to shadow a shift. This allowed the newer member of staff to work with and learn from experienced staff about how to care for people in an effective and safe way. Senior staff supported new members of staff during their induction, shadowing and completed on site observations. Staff were signed off as competent to work independently and in meeting the provider's standards, once they had completed their induction successfully. They signed to confirm that they had completed the period of induction at the service.

People were able to access health care and support when their needs changed. For example, staff had contacted a person's GP when their health needs changed. The GP was able to review the person's health care needs and provide the appropriate treatment so the person's health care needs were managed and improved. We saw that staff had taken action when people's needs changed and sought guidance and specialist advice from health and social care professionals. For example, in one person's records we saw that staff had made a referral to the occupational therapist for an assessment of their needs when their mobility deteriorated. This meant that staff actively sought support when people's care needs changed.

Meals were provided to people that met their individual needs and preferences. People we spoke with told us that staff provided meals for them for breakfast, lunch and their evening meal, and they enjoyed these meals. Some staff went shopping for people so they could prepare meals that met their preferences. When staff supported people with their meals, this was recorded. For example, the care records we looked at demonstrated that staff had followed guidance from the speech and language therapist (SALT). This was related to the type and consistency of food and fluids that it was safe for the person to have. Records and staff confirmed that the guidance to meet nutritional needs was clearly identified in people's care plans.

Good

Is the service caring?

Our findings

People told us that staff were caring. They said that the care and support provided by staff was kind and compassionate. One person told us "The staff are kind, they really help me when I need them." Another person said "Oh, the girls [staff] are lovely all of them that come to see me."

People using the service or their relatives where appropriate were able to be involved in and contribute to their assessments and planning their care. The care records we looked at were comprehensive. They contained details about how people wanted to receive their care and support. People told staff their likes, dislikes and how they wanted their care delivered. A record of this information was used to complete care assessments and write a plan of care for people. Staff completed an entry in the care records in the person's home once they received care. The daily care logs showed that the care and support delivered met people's care needs.

Staff provided care and support to people that was flexible and met their needs. People told us that staff asked them on each visit if they wanted their care provided in a different way. People told us that staff provided options for them during each visit. This could be a choice of breakfast or the clothes they wanted to wear for the day. People said that staff were flexible while helping them. They gave people choices and respected the decision they made regarding their care and support needs. Staff protected people's human rights while respecting their choices.

People using the service and their relatives where appropriate were involved in the review of their care and support needs. Records showed that health and social care professionals were involved in this reviewing process which allowed people the opportunity to give their views about how the provider was meeting their support and health care needs. Records also showed that staff updated people's care plans when there were changes in people's care and support needs. This meant that staff had access to the most relevant and accurate information about the people they cared for.

Staff respected people and showed them kindness and compassion when delivering care. A person said, "Staff are always caring, listen to me." Another person said "My carers understand my issues and help me in the way that I need. They are very compassionate to my needs." Although we did not complete home visits with people, we found staff spoke about people they cared for in a compassionate way. One member of staff said "[person] had received care from several agencies before, but it didn't work out for them."

People were treated in a way that helped promote their dignity and privacy. One relative said "They close the doors and keep [my family member] covered, they treat [my family member] like a person." Therefore people could be confident that staff treated them in a way which valued and respected them.

People were supported to be as independent as they were able. Staff supported people to be involved in activities they enjoyed. For example, staff supported people to go out in their community or go on shopping trips with them. Care visit times were adjusted at short notice to accommodate the wishes of people. One person said "I call the office if I need to change the time. Sometimes the carer has to come earlier to help me

get ready. I have had no problems with that at all."

Good

Is the service responsive?

Our findings

The registered manager delivered a service that was responsive to people's care and support needs. People had care assessments carried out by staff before they received a care service. This provided staff with the opportunity to determine whether care staff could meet the needs of the person. The assessment also assessed the level of support people required. People we spoke with were aware they had an assessment and had understood what care they received. One person said "Yes, I remember staff came here [person's home] to discuss the care and what would happen when they came here." People's assessments were person centred, and recorded people's views and opinions of their care. People were able to agree the time of their care visits. This was recorded on the person's care records.

Staff provided people with explanations of the care that they received. Following their assessment, people or their relatives where appropriate were given copies of their care plan. This was so people became familiar with their own support needs and how these were to be met. Before care was delivered people using the service or their relative signed a service agreement for care support. Care and support was reviewed with people on a regular basis. This ensured people had the appropriate care and support to meet any need they had. People's care records were updated after a care review. People signed their care records to demonstrate that they were in agreement with the care they received.

Staff ensured health and social care professionals were involved in people's care. For example when people were admitted into hospital, staff had contacted local services as required. Before the person returned home liaised with the local authority to ensure the person's care was co-ordinated on discharge from hospital. Changes in the person's care needs were recorded in their care plans accordingly.

The registered provider had an embedded system in place to manage complaints about the service. People using the service and their relatives were able to complain about any aspect of the care and support they received. For example staff encouraged people to complain if they were unsatisfied about the quality of care they received. The complaints process provided staff and people using the service with sufficient guidance to allow them to make a complaint. The registered manager told us that the process of making a complaint would be investigated in three stages. This was dependent upon the level and type of complaint made. The registered manager was made aware of all complaints made and ensured the complainant was responded to in accordance with the complaint policy and process. At the time of the inspection, there were no recorded formal complaints about the service.

People we spoke with said they understood how to make a complaint. People said they were confident to raise any concerns with staff who cared for them and the office based staff, "I don't have anything to complain about, the girls are doing a good job." This demonstrated that staff understood how to support people to complain about the service while taking sufficient action to resolve any concerns raised.

Requires Improvement

Is the service well-led?

Our findings

People had positive views of the management of the service. One person said "They [SG Galaxy] provide good care. The office call me when I need to know if there are any changes." Another person said "The management are really good."

We found that the service was not always well led. We found the registered manager did not ensure staff had access to regular mental capacity act training to ensure they were aware of current practice. We also found that the registered manager did not understand their role and responsibility in caring for people in line with MCA guidance. We found that this lack of knowledge meant staff unlawfully deprived a person of their liberty.

The registered manager carried out monitoring checks of the service. There was effective management of missed visits. These were recorded on the computer system and the registered manager was able to track them via a regular report of missed visits. People told us about the missed visits in the past year. One person told us "If staff are going to be late the carer or office will call me, so I know what is happening." Missed care visits were responded to appropriately. This meant that the service could monitor patterns and trends in relation to missed visits, in order to plan and improve the service.

Senior members of staff completed regular checks to ensure care staff practiced safely. Office based staff completed regular quality checks on care staff. Office based staff completed unannounced visits to people's homes when a member of care staff was scheduled to be present. During these visits the competency of the care staff in relation to their skills and knowledge were assessed. Any issues or concerns were raised with the member of staff if required. This enabled staff to improve the quality of care provided.

Staff had a process in place to review the quality of care records. This ensured care records maintained standards of accuracy and relevance. The registered manager carried out monitoring checks of the service. Following our inspection, the registered manager made changes to the systems for the effective audit of returned MARs to the office to ensure that any issues were identified and addressed. Office based staff reviewed all MARs that were returned to the service. This allowed senior staff to monitor any unsafe medicine management which meant that people received their medicines as prescribed because errors in the management of their medicines were detected promptly.

People using the service and staff had support from managers out of hours. There was an on call system. Staff were able to contact a manager for advice in an emergency. The designated line manager responded to the member of staff and provided support to them as required.

Staff continued to meet with the registered manager on a regular basis to discuss the operation of the service and issues related to care provision. For example, meeting minutes showed staff discussed concerns they had in relation to a person's care and their changing needs. Staff discussed this and provided a solution by sharing with each other the concerns raised. This meant that the staff worked as a team to ensure concerns were shared while providing appropriate care to people.

The provider continued to work in partnership with health and social care professionals. This working relationship allowed people to receive care and support that was co-ordinated safely. People had benefitted from these positive working relationships. We saw records where staff had held meetings with staff from the local authority and the local clinical commissioning group (CCG) for a referral for a reassessment of need. The registered manager understood the legal responsibilities of their registration with the Care Quality Commission (CQC). The registered manager told us they understood the legal requirement to keep CQC informed of events that occurred at the service, in line with legislation.

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 11 HSCA RA Regulations 2014 Need for consent The registered person had not always acted in accordance with the Mental Capacity Act 2005 (Regulation 11(1)(3)