

Select Community Support-Services Ltd

# Select Community Support

## Inspection report

Hamilton Davies House  
117c Liverpool Road  
Cadishead  
Manchester  
M44 5BG

Tel: 01617757330

Website: [www.selectcommunitysupport.com](http://www.selectcommunitysupport.com)

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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

### About the service

Select Community Support is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting thirty people.

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 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.

People were supported by a small group of regular staff, which provided continuity and familiarity and people's comments confirmed this approach. Staff had developed relationships with people and knew them well; people received person-centred care as a result.

Staff supported some people to access other healthcare professionals when required. Staff supported a small number of people to manage their medicines safely.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

Systems were in place to recruit staff safely; there were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community.

People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and

received regular supervisions and annual appraisals; this was confirmed by staff we spoke with.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

The registered manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Select Community Support

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector on both days of the inspection and by an Expert by Experience on day one. 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 December 2019 and ended on 18 December 2019. We visited the office location on 17 and 18 December 2019 to see the registered manager and office staff, to review care records and policies and procedures and speak with care staff. We spoke with people who used the service and their relatives on 17 December 2019 to seek their feedback and opinions of the service provided.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with three members of care staff and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be in place to protect people from the risk of harm. Staff had received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service. Staff told us they would report any concerns to the registered manager or local authority.
- There were systems in place for raising any safeguarding concerns with the local authority and other key agencies. The service had a safeguarding policy which was available to staff and covered key areas such as how to identify and report abuse or neglect.
- People we spoke with and their relatives confirmed they felt safe with the care they received. One person told us, "I find the service very good. Staff don't say that they have to rush off or anything before the time is up and they stay for the full time. They are all nice girls [staff] who come." A second person said, "'I have the same staff come in every day; I've no issues with them. They [staff] are very good and I've no complaints." A relative commented, "The staff are very good and [my relative] is safe with all of them." Another relative told us, "I think that the care [my relative] receives is excellent; I'm very happy with Select."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed well. The provider's audit process included a system to ensure such checks were completed and any safety issues had been identified.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and risk assessments outlined measures to help reduce the likelihood of people being harmed.
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents.
- The service had emergency fire procedures in place in the event of the need to evacuate the office premises.

Staffing and recruitment

- Staff were recruited safely; pre-employment checks were completed including checks with the Disclosure and Barring Service to ensure they were of suitable character to work with vulnerable people. Job application forms were fully completed, applicant's identities and addresses were verified and job interview forms recorded questions and answers, which demonstrated a values-based approach to recruitment.
- The provider had ensured staff employed had the required skills to undertake the role of a care worker.

- There were enough staff to meet people's assessed needs, and people told us they were consistently supported by the same group of familiar staff.

#### Using medicines safely

- Medicines continued to be managed safely and people were encouraged to take their own medicines where appropriate. The service had a policy in place relating to the safe administration of medicines which was provided to staff. Training records confirmed staff were trained to administer medicines and were observed regularly to ensure their competence.
- People who required support to take medicines had a care plan and risk assessment which described the support they required to take them safely.
- No-one we spoke with expressed any concerns regarding their medicines, and people's medicines administration records we checked were all completed correctly.
- At the time of the inspection the service was not responsible for the ordering, receipt or disposal of anyone's medicines, which was the responsibility of the person or their family members. The service did not support anyone who required controlled drugs.

#### Preventing and controlling infection

- Staff were aware of how to prevent and control infections. People we spoke with told us staff wore gloves and aprons when supporting them and used these as required; a stock of these was available in the office premises. A relative told us, "The staff are absolutely lovely. They take their time and never leave early. They wear aprons and disposable gloves at each visit." Another Relative said, "Yes, staff wear different coloured aprons for different tasks; it's all colour coded for personal care, food preparation or whatever."
- The service considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
- The provider asked people using the service for their feedback in relation good hygiene and infection prevention and control practice.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of any incidents.
- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager told us they would do this to identify any trends, for example, if incidents were occurring at a specific time of day or in one place.
- An incidents file was kept which included a log of any incidents and the action taken to reduce the potential for a re-occurrence. No incidents had occurred in the 12 months prior to this inspection.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs continued to be comprehensively assessed and regularly reviewed as and when required if a change occurred. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- People's preferences, likes and dislikes were acknowledged and recorded in their care plan information.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's likes and dislikes, past life histories and background information were also recorded in the care documentation.
- People and their relatives commented positively about the service provided. One relative said, "The staff who help [my relative] are all good at their jobs and very helpful to me as well." Another relative told us, "[My relative] does have a care plan; it's up to date. They [staff] also sign the book at every home visit too."
- People told us they were involved in developing their care plans.

Staff support: induction, training, skills and experience

- Staff received appropriate training, support and induction to enable them to meet people's needs.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us, "I had an induction period at the beginning and went out with the senior staff member for about three weeks, although I had worked in care before. I've had observations of practice, including moving and handling and medicines. Training included online training in lots of areas. I have found if you come across a problem you just need to tell the registered manager and she will discuss the issues with you and look for suitable training to rectify the problem."
- Staff we spoke with told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.
- People using the service told us they trusted the staff and felt they were capable and competent in the caring role. One person said, "I love the girls [staff]; they are very respectful and I haven't got a bad word to say about them." A relative told us, "I would say staff are well trained; it's a good relationship they have with [my relative]; they all know what they are doing." Another relative commented, "Honestly, they [staff] are really good and I can't praise them enough."

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

- Staff supported some people to maintain a diet of their choosing, as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary.
- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. For example, staff had liaised with an occupational therapist to ensure one person received the appropriate equipment in their bedroom to reduce the possibility of falls.
- The registered manager worked with the local authority to ensure they could meet people's needs before providing a care and support package.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs. Professional's contact details were included in people's care records, such as doctors.
- All the people we spoke with confirmed they received a good standard of care which had a beneficial effect on their health and general wellbeing. One person said, "I wouldn't hesitate in recommending any of the girls [staff] who call here or to others; they are all very good." A second person told us, "The staff are all extremely helpful."

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 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. 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

- The registered manager and care staff were working within the principles of the MCA.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- We saw people, or their representatives had signed their consent to receive care and support from the provider in their care records.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be supported by regular staff members, which provided continuity and familiarity for people who used the service. A person said, "It's usually the same staff; they are very good in those areas." A relative told us, "It's more or less the same staff all the time. They turn up on time, allowing for traffic and the like and they stay as long as they should."
- Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence. A person said, "I always feel safe with the girls [staff] and I find that they are all kind, caring and good at their jobs."
- Staff spoke fondly of people they supported and knew their needs and preferred routines well. One staff member said, "They [people who used the service] are like our own family; when you work with someone for a long time you get to know them well and their family."
- Staff had been trained in equality and diversity and respected people's individual needs and circumstances. People were valued for who they were. One relative said, "Over the time that we have been with them [the service] we have had absolutely no problem with anything." Another relative told us, "All the carers who call are lovely and [my relative] has a very settled team."
- Staff told us they enjoyed working at Select Community Support and would recommend the service to a loved one if they needed this type of care and support.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.
- People's communication needs were identified in their care planning information.
- Staff used different approaches to ensure people were involved in care planning, for example, one person said, "There is a care plan, unfortunately I'm partially sighted so I tell them [staff] more than write anything down and they [staff] write what I say. I ring the office and go over any changes I want making to the plan."

Respecting and promoting people's privacy, dignity and independence

- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this, such as ensuring curtains and doors were closed if supporting people with personal care. One person said, "The girls [staff] do respect my privacy and they'll help me with anything." A relative told us, "I would say [my relative] has pretty much the same staff. [My

relative] is well supported and looked after by a good team."

- Staff understood the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could do such as assisting with washing and dressing and personal care, choosing what they wanted to eat, or accessing the community.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records we saw contained person centred information to enable staff to provide personalised care. A relative said, "[My relative] is a lot happier with this company; the care plan is kept up to date and they [staff] do stick to all the things that we have agreed on it."
- People's care records also held information on the person's current health and support needs, such as nutrition and hydration, and personal care. This included clear information for staff on how best to support the person to meet these needs.
- Where appropriate people who used the service were supported and encouraged by care staff to undertake activities and maintain their social relationships to promote their wellbeing. A relative told us, "They [staff] are all very helpful and we haven't had to complain. [My relative] is housebound so they [staff] don't support him to go out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and the service could provide adapted information for people; for example, information about the service was available in audio format, braille or large print on request.
- Some people's care plans contained pictorial information which helped them to understand the contents.
- People's communication needs were assessed, recorded and highlighted in their care plans which helped ensure staff understood how best to communicate with each person.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place for responding to any complaints; this was also available in large print or in pictorial format, to make it accessible for people. Each person was given a copy of the complaints procedure when they first started using the service.
- People told us they knew how to raise any concerns. A relative said, "I'm really happy. The registered manager is dead easy to talk to and we've never had a problem. If I had a concern I'd feel comfortable raising it but we've none whatsoever." It's a world away from the other company we were with."
- Any minor issues or requests which had been raised were responded to appropriately. The service kept a log of any comments or complaints raised, including details of the response provided

## End of life care and support

- People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this. People's medical histories were identified in their care plans and if there was an authorisation not to attempt resuscitation.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed. Staff had received training in end of life care.
- The service had received thank you cards from relatives of people previously supported at the end of life.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was well managed. Our observations showed the registered manager and staff worked as a close-knit team; we saw the registered manager was visible to people using the service and staff. One staff member said, "I love my work and I love my clients, and as a company this is the best one I have worked for. Nothing is ever too much trouble at all, we are like a family and all help each other. I feel very valued as a staff member. A second staff member told us, "I love working here and should have done this years ago. The best thing is everyone is part of a team and there's always someone to talk to. The registered manager keeps a check on everything and I know I am not on my own and I only need to pick the phone up and will get help."
- It was clear from our discussions the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent. One person said, "The registered manager is easy to talk to, and she does get back to me if I leave a message." A relative told us, "I've met the registered manager and she is easy to get on with. Touch wood, I've never had to phone the office." Another relative said, "Sometimes I have called the office and they have always been accommodating and answered the phone quickly."
- The registered manager was aware of their obligations under duty of candour.

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The manager completed a range of audits and checks on a regular basis; action plans were completed to address any issues identified during monitoring or issues raised at staff meetings.
- The manager was aware of their regulatory requirements. For example, they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service involved people and their relatives in discussions about their care and this was recorded in their care file information.

- People's relatives told us they felt listened to and their views were acted on. One relative said, "The registered manager pops in occasionally and she's very nice. It's the best agency we've had, and we've had a few down the years." Another relative told us, "Sometimes I call the office and they have always been accommodating and answered the phone quickly."
- Plans were in place to gain feedback from people through questionnaires to drive improvement. We looked at the results of the most recent service evaluation questionnaires sent to people and their relatives and saw responses were positive. Comments regarding what people like about the service included, 'We know you are reliable, this is very important to the family; the joint care of your staff and our family is the reason [our relative] has been with us so long, so thank you and your team,' 'Individual carers help is exceptionally good,' 'They look after me very well; anything I ask for they do; very happy with the service.'
- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people. This included working as part of a team with other services to provide support for people, including doctors, the local authority and community nursing teams.
- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them at any time, including weekends.
- The registered manager had regular contact with members of staff who could call into the office at any time; they regularly sought feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. The registered manager attended care managers forums and registered managers network meetings to obtain information, share best practice and engage in local partnership working.