

Selective Recruitment Limited

Selective Care

Inspection report

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Date of inspection visit:
04 February 2019
07 February 2019

Date of publication:
13 March 2019

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:

- Selective Care is a home care service. At the time of the inspection the service was supporting 76 people in their own home. People supported included older people, people with a learning disability and people living with dementia.
- For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk.

People's experience of using this service:

- People and their families gave us positive feedback about all aspects of the service they received.
- Comments included "quite happy with the service" and, "They give me all that I need. They are top rate."
- Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well-led to at least good.
- At this inspection we found the provider had made the required improvements to people's care records and to their processes for notifying us of certain events. There were no longer any breaches of regulations.
- People received a service that was safe. The provider had processes to manage medicines safely and protect people from risks.
- People received care and support from staff whose training made sure they had the right skills and knowledge. People's care and support led to good outcomes.
- Care workers had developed good relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
- People's care and support met their needs and reflected their preferences.
- Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

- At our last inspection (published 1 February 2018) we rated the service requires improvement.

Why we inspected:

- This was a planned inspection based on the date of and rating at the last inspection. At the last inspection we found breaches of three regulations. The provider sent us an action plan with dates when they planned to be compliant with those regulations. At this inspection we checked that they had made and sustained those improvements.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 ●

Selective Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised one inspector and one 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, in this case services for older people.

Service and service type:

- The service is a home care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of care needs.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
- 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 a week's notice of the inspection so the provider could contact people we planned to telephone or visit and make sure they consented to our contacting them.
- Telephone calls with people using the service and their families started on 4 February 2019. We visited the office on 7 February 2019 to see the manager and staff, and to see care records, policies and procedures.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our

inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We reviewed the previous inspection report.

During the inspection:

- We spoke with five people who used the service and five family members by telephone.
- We spoke with the registered manager, the managing director, and two staff members.
- We looked at the care records of three people.
- We looked at four staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

After the inspection the provider sent us:

- Records relating to staff training and people's medicines care plans.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The provider's systems, processes and staff training made sure people felt safe.
- Everybody we spoke with said they felt safe.
- One person said, "I must say, I feel safe because my carer is very caring and very gentle."
- Another person's family member said, "I use the word entirely (safe) as all are very very nice girls. They are caring, you can tell from the way the girls speak to [Name]. They do their utmost to make sure [Name] is as safe as she can be."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- The registered manager used questionnaires and team meetings to follow up staff training in safeguarding to reinforce learning.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to us.
- At our last inspection we found the registered manager had not notified us every time there was an allegation of abuse. At this inspection there was no longer a breach of this regulation.

Assessing risk, safety monitoring and management:

- Processes to identify, assess and manage risks were in place.
- People told us risks to do with their care and support were reduced because there were no examples of missed calls, they had regular care workers, and where necessary two care workers were available to support them.
- One person said, "Never had a missed call not even in the snow."
- Home care risk assessments identified environmental and other risks when working in people's homes.
- Individual risk assessments included risks to do with people's moving and positioning, equipment, and medical conditions.
- The registered manager or senior staff reviewed people's individual risk assessments every six months.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment:

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they had regular care workers, who stayed the correct time and did what was in their agreed care plans.
- One person said, "Sometimes they finish 10 minutes before time, if they have done everything. They always ask me if there is anything else and will only go if everything is done."
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered

absence from employed staff.

- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely:

- The provider had processes in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- People who received support with medicines told us this was done according to their needs and wishes.
- One person told us, "As soon as they (care workers) come in, they give me my medication, at the right time and the right amount."
- People received their medicines from trained staff who had their competency checked. Competency checks were followed up with three spot checks and renewed every three months.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- People told us staff wore appropriate protective clothing. One person said, "They wear gloves, aprons, and tidy up well."
- Staff had access to hand gel, disposable gloves, aprons and, where necessary over-shoes.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.
- In one example, they changed staff guidance about which family members could be present during care calls.
- Where accidents and incidents happened, the registered manager reviewed them to identify any required changes to people's care plans and risk assessments.
- The registered manager's reviews included considering if changes were needed in any relevant policies and procedures.

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

Good: 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 care needs were assessed and care plans were detailed and individual to the person.
- People's care assessments took into account guidance and updates from relevant organisations.
- Where people had individual needs, the provider took advice from other health and social care professionals such as specialist nurses and occupational therapists.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People were satisfied with the care they received.
- One person said, "They do what needs to be done. They always do what is necessary."

Staff support: induction, training, skills and experience:

- The provider used training and supervision meetings to make sure staff had the required skills and knowledge.
- People were satisfied that their care workers were properly trained.
- One person said, "They do know what they are doing. They do understand what I need."
- Care workers told us their training had prepared them for situations they might meet while supporting people.
- The provider's induction training was based on the Care Certificate, which defines national standards for care workers.
- Staff could work towards relevant diplomas in adult social care.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Where people received support with their meals, they were complimentary about the service.
- People told us care workers helped with their meals and checked they ate and drank enough.
- One person said, "They make anything I ask them to. Everything is satisfactory."
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink, and appropriate records were kept to check their intake.
- Where necessary, staff received specialist training in how to support people with individual needs around eating and drinking, for instance if they took their nutrition through a feeding tube.

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

- Where appropriate care workers recommended people consult other healthcare professionals and

supported people to attend appointments.

- One person's family member said, "The lady who washes [Name] was a bit concerned and said I could contact the doctor."
- Another person said, "Sometimes my carers will even do a bit more if they have time, for example when I am going to a hospital appointment, they have helped me to get dressed."
- The provider supported one person to overcome their anxieties and lead a more active life by supporting them in the community. This allowed them to take on voluntary work, and move into their own property, which helped their wellbeing.
- Other people received support to be more independent, for instance with shopping.

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

- Records showed people consented to their care and support plans.
- Care workers checked each time they supported people that they were still happy with their care plan.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity. At the time of our inspection the provider supported one person who had been assessed as lacking capacity.
- The Mental Capacity Act 2005 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. We checked the service was working within the principles of the Act.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had developed caring relationships with their care workers.
- One person said, "I know [my care worker] well. We really get on well together."
- Another person's family member said, "The way the carers talk to [Name] is very good, they encourage her and talk to her nicely."
- Staff told us there was time to do a bit extra, such as some cleaning, and have a social chat with people.
- Long term staff had developed caring relationships. When they knew people's preferences, they shared DVDs with them and took in a cake on people's birthdays.
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.

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

- People were actively involved in their care and support decisions if they wanted to be.
- One person said, "The carers write down what they do. They review each month, the plan is taken back to the office and I get new one."
- Another person said, "Someone from the office came to do a visit and said 'We like to touch base to see if everything is okay' and they did the visit."
- Another person's family member said, "The care workers give [Name] choices and listen to him."
- There was a system of telephone monitoring, care plan reviews and an annual survey which gave people the opportunity to take part in care planning. Recent responses to these had been positive.
- In addition to daily contact with their care workers, people could call the registered manager at any time.

Respecting and promoting people's privacy, dignity and independence:

- All the people we spoke with told us they felt their care workers respected their privacy and dignity.
- One person said, "They do treat me with respect. I would not want male carers and I just get ladies anyway."
- Another person said, "The carers are respectful. They ask if I am cold and put a towel around me."
- Another person's family member said, "The carers are 100% respectful. I can hear what is being said. It is the way they speak to [Name]. They encourage her and it's their tone of voice. [Name] is full of gratitude for them."
- People's care plans took into account what people could do themselves.
- One person's care plan stated, "I try to do as much for myself as I can. I would like eventually to need no help."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our last inspection we found the service was in breach of the regulation which requires them to keep complete, accurate and up to date records of people's care.
- At this inspection the provider had improved people's care records and there was no longer a breach of regulation.
- People's care plans were detailed and individual to the person. There were processes in place to review care plans regularly.
- Care plans took into account people's needs, preferences and any risks associated with their care and support.
- One person's care plan had very detailed information for care workers about how to position and use equipment to support the person to move and transfer, because this was important to them.
- People had individual communication care plans which took into account how to support them to read and understand information.
- One person's communication care plan stated they used two hearing aids and spectacles to allow them to understand written and spoken information.
- People were satisfied they received care and support that met their changing needs.
- One person said, "I have got the folder saying what I need to have done and other things. The carers write in it daily. Somebody came and had a chat with me about my care."
- Another person's family member said, "They are always thinking of things to make things better. The carers make suggestions, for example they suggested we bought a sheet to help as [Name] is doubly incontinent. They also suggested we moved everything into the bedroom so everything is at hand. They are very competent."

Improving care quality in response to complaints or concerns:

- The provider had a system to log, follow up and close complaints.
- There had been one formal complaint since our last inspection. It had been dealt with and closed.
- People told us they were aware they could complain but had not needed to.
- One person said they could resolve concerns informally, "I always ring the office if I have a problem and they sort it out. We get over the problems by talking about it."

End of life care and support:

- Where the provider supported people at the end of their life, they took advice from the person's GP and from the hospital if appropriate.
- If the person had made any advanced decisions about their care and support the provider respected their wishes.
- The provider worked closely with the community nursing team to make sure people were comfortable,

dignified and pain-free in their final days.

- The registered manager had supported people's family, for instance by sitting with the deceased person's partner, and helping them to make funeral arrangements.
- Where possible a representative of the service attended people's funerals.
- The provider had received positive feedback from the families of people who had been supported in their final days.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- The registered manager was supported to deliver high-quality care by the managing director who took a direct interest in the service, including by visiting people who used the service.
- Our feedback and the provider's own surveys showed people were satisfied with the care and support they received.
- One person said, "I know the top people in the office. They are very nice and very helpful. They did say to me if you have any problems you can come to us."
- Staff told us there was a supportive culture "at all levels", which led to good outcomes for people.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection we found the service was in breach of the regulation which requires them to notify us of certain events that occur during the delivery of the service.
- At this inspection the registered manager showed they had been notifying us of events since the last inspection, and there was no longer a breach of regulation.
- Home care providers are required to display their rating on their website and in their office so that people can make informed decisions about their care. Selective Care had complied with this regulation.
- The provider was aware of relevant regulatory requirements.
- Since our last inspection the registered manager had strengthened the office team with a care coordinator and scheduler. Their roles were clear with agreed job descriptions.
- The registered manager had employed a staff member with registered manager experience to carry out internal audits. These had identified improvements in policies and procedures and identified additional training which had been put in place.
- The registered manager regularly reviewed the quality of service with the managing director.
- There were regular quality checks on care files, care logs, medicines records, and other records.

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

- In addition to day to day contact with people who used the service, there was an annual customer satisfaction survey.

- This showed people were happy with their overall care.
- The registered manager had an "open door" policy and regular team meetings to engage with staff.
- The provider engaged with staff by means of a staff survey, authorising small gifts to recognise exceptional performance, and paying above the national minimum wage.
- Staff told us this resulted in a motivated team.

Continuous learning and improving care:

- The registered manager had a service improvement plan.
- Actions in the plan came from internal audits, a mock inspection and recommendations from our last inspection.
- All recommendations from our last inspection had been completed.
- Open actions had a target completion date and identified the staff member responsible for them.

Working in partnership with others:

- There was a good working relationship with the local authority
- The provider had made a proactive tender proposal to local commissioners which would save time for GPs and community nurses.
- The provider worked in partnership with the local hospital and the urgent response service (which provided short term and emergency care for people discharged from hospital) to allow people to be cared for in their own homes.