

## Special Care Services Limited

# Special Care Services - Main Office

### Inspection report

Special Care Services Limited  
Special Care Services - Main Office  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 13 & 14 January 2015 and was announced. This meant the provider and staff knew we would be visiting the agency's office before we arrived. This ensured that someone would be at the office.

Special Care Services – Main Office is a domiciliary care agency that provides personal care to young adults and older people in their own homes across Derby. This

includes people with physical disabilities and people living with dementia. The agency is located in the Littleover area of Derby. The service was providing support for 70 people at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

At the last inspection on 29 October 2013, we asked the provider to take action to make improvements. We found that the recruitment procedures were not robust to ensure that people were safeguarded from harm. Systems for monitoring the quality of the service did not ensure people's welfare needs were met. Personal information about people using the service was not held in accordance with the requirements of the Data Protection Act 1988. The provider sent us an action plan during January 2014 after the inspection to confirm that improvements in these areas were being addressed. We found that improvements had been made in these areas.

We received information of concern during November 2014 that alleged that the agency was not keeping accurate records of people's care needs, for example some people's care records had not been updated for at least a few years, there was poor communication from office staff regarding the co-ordination of rota's and that personal information regarding people using the service was not being kept securely. We looked into these as part of our inspection and found that some of the alleged issues were verified.

People who used the service told us they felt safe. Discussions with staff demonstrated that they were trained to look after people safely.

Some people raised concerns that their calls were not always taking place at the agreed time. This did not ensure that people's individual assessed needs were being met at the times agreed.

Recruitment procedures had improved which ensured suitable staff were employed to work with people who used the service.

Staff told us that they received training and regular updates which related to their roles. However training records showed that some staff had not received all areas of essential training and some staff required updates.

People were supported to maintain good health. Staff told us that they alerted health care professionals if they had any concerns about people's health.

People told us that staff treated them with dignity and respected their privacy

Complaints were not always well managed and communication within the office had not always been consistent or resolved issues satisfactorily.

Staff told us that they received support from the management team and felt that the agency was well-led.

Arrangements in place to assess and monitor the quality of the service did not ensure improvements when required were identified and actions put in place to drive improvement.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond with a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not consistently safe.

Staff knew the procedure to follow if they were told about any abuse happening or had any suspicions of abuse.

People using the service told us that they felt safe.

People did not always receive a service at the time agreed with them.

Potential risks to people were assessed but were not always reviewed.

Recruitment procedures ensured that suitable people were employed.

People's medicines were managed safely.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

Records showed some staff had not received training and training was not always up to date

Staff had a basic understanding of the principles of the Mental Capacity Act 2005 to enable people's best interests to be met.

People were protected from the risks associated with eating and drinking.

Staff monitored people's health to ensure any changing health needs were met.

**Requires improvement**



### Is the service caring?

The service was caring.

People told us that staff were caring and polite to them.

Staff respected people's privacy and dignity.

People or their relatives had been involved in decisions about the care they received.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People's needs were assessed before they received the service. Care plans were in place but these were not always kept under review to reflect people's changing care and support needs.

People said they knew how to raise any concerns. People's concerns and complaints were investigated however did not always bring about change or improvement to the service people received.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

The provider did not have effective procedures for monitoring the quality of the service.

People using the service felt that the service did not improve, despite them raising concerns.

Improvements had been made in relation to the security of people's information.

Staff told us that the management team were supportive and approachable

**Requires improvement**



# Special Care Services - Main Office

## 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.

The inspection took place on 13 and 14 January 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one 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. The Expert-by-Experience did not attend the agency's office, but

spoke by telephone with people who used the service and some relatives of other people that used the service. These telephone interviews took place week commencing 26 January 2015.

Before our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the Local Authority contract monitoring team, responsible for funding people's care at the service and asked them for their views about the service.

We spoke with six people who used the service and five relatives of other people that used the service. We also spoke with the registered manager, deputy manager, two office staff and six care staff.

We reviewed records held at the agency office. These included four people's care records, four staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

# Is the service safe?

## Our findings

At our last inspection during October 2013 we found that the recruitment procedures were not robust; they did not ensure that all the necessary pre employment checks were in place prior to new employees commencing employment. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found that improvements had been made. The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We looked at the recruitment records for recently employed staff and saw that improvements had been made in this area. We saw that Disclosure and Barring Service (DBS) checks were in place for these staff. We saw that other appropriate completed documentation was in place; such as application forms and identification records. The records demonstrated that all of the required recruitment checks were in place before these staff members began working with people.

Staff we spoke with told us that recruitment processes were thorough and that all the required pre-employment checks were completed prior to them commencing employment. This demonstrated that the provider had ensured people had their needs met by staff who were suitable to work with them. However for one staff member who had started work at the agency during December 2014 there was only one reference available on their recruitment record. We discussed this with the registered manager who agreed to look into this issue.

Some people we spoke with and their relatives told us that the staff rotas were changed without any prior notice. This meant they did not know who would be covering the call and calls were not always taking place at the agreed times. One person told us "I wasn't pleased this morning because no one turned up and I had to the call the office for them to send someone. I have a rota each week but it gets changed so sometimes I don't know who is going to come and help me." Another person said "The [care workers] are never on time but they have never missed a call. I'm used to the rota changing, but they rarely tell you it's been changed." Another person stated "They are late many times but I have to just wait until they arrive." Some relatives were not happy with the changes to the rota. One relative said "The biggest problem is the office they change the rota and

don't tell you so you never know who's turning up at the next visit." This demonstrated people were not having their individual needs met within the time that had been agreed with them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that risks associated with people's care and their living environment were assessed during the initial assessment and again if people's needs changed. Risk assessments had been carried out and recorded in the care plans we looked at. These covered the risks when people were supported with moving and handling during their personal care. Staff spoken with knew about people's individual risks and explained the actions they took to keep people safe. However one person's care records showed that their risk assessment had not been updated since February 2013. We discussed this with the registered manager who informed us that work was currently being undertaken to update people's care records and that she was over seeing this.

People who used the service and relatives we spoke with told us they felt safe with members of staff from the agency. One person said "I feel safe and well cared for." Another person told us "They keep me safe when they shower me." A relative stated "When staff hoist my family member they are careful and keep them safe, saying what they are going to do and if that's ok."

We asked the staff we spoke with about the procedure they would follow should they hear about any abuse happening or have any suspicions of abuse. Staff were clear about their role and responsibility in reporting their concerns. This demonstrated that staff understood their responsibilities to keep people safe and protect them from harm.

Records showed that the majority of staff working at the agency had received training in safeguarding adults. However out of the 42 staff, records showed that 14 staff had not undertaken this training.

The registered manager told us that additional staff were needed to cover weekends and evening calls. These were

## Is the service safe?

currently being covered by existing staff, as up to six staff were currently off. Staff we spoke with told us there were sufficient numbers of staff to meet people's individual needs.

An on call system was available for staff and people who used the service. Staff we spoke with told us they were able to access an emergency on call service, which provided out of hours support to deal with any emergencies or problems. They told us that the on call service worked well. One staff member said "The on call system is effective; the on call person gets back to you straight away."

Staff told us that when they found people had injuries or sudden illnesses, they always contacted medical emergency services and stayed with the person until help arrived. They said there was a procedure to contact the agency's office informing them of the incident.

People we spoke with did not receive any support with their medicines. The registered manager told us that appropriate arrangements were in place to ensure safe management of medicines. This included staff being aware that people could only be supported with their medicines if a medication administration record (MAR) was in place. Staff we spoke with told us that they felt confident in

supporting people with their medicines. They told us that they only supported people with their medicines as long as there was a MAR in place, which informed them of the level of support the person required with their medicines. One staff member said "I would not support a person with their medicines or even apply a cream if there was no MAR in place, I would always ring the office in such circumstances."

The registered manager said some people were supported by staff to take their prescribed medicines. Two people's records we looked at detailed that they required assistance with their medicines and informed staff to follow the associated MAR. We saw the provider had a system in place to audit medication administration record charts and check any discrepancies. This demonstrated that staff supported people in a safe way to take their medicines.

Training records showed that out of 42 staff, three staff had not completed training in medication administration. Another three staff required refresher training in this area. We saw no information to confirm that this training had been arranged. The provider's medication policy was dated September 2010 and had not been updated since. This did not ensure that staff had access to information regarding current guidance when handling medicines

# Is the service effective?

## Our findings

People who used the service and some relatives we spoke with were complimentary about staff and felt they were adequately trained to meet their needs. Staff supported people with a variety of tasks, from receiving support with personal care, preparing meals to other domestic chores. One person told us “I’m happy with what the carers do for me.” A relative we spoke with stated “I feel the staff are trained enough to do the work that’s needed.”

Staff we spoke with confirmed that the training received was effective, which included E learning training. They also told us that they received health and safety training, which they said included regular updates when required. A member of staff said “The training provided by the agency is good, which has enabled me to do the job.” As part of the induction period, staff confirmed that they were able to accompany experienced staff for a couple of weeks, in order to learn more about the job role. One member of staff stated “I shadowed staff who had been working at the service for many years, which was very helpful.”

Training records we looked at showed that some staff had not undertaken essential training and some staff were due refresher training. We saw no evidence to confirm that these staff had been booked on to this training. For example records showed that out of 42 staff, four staff had not undertaken moving and handling training and six staff were due an update in this area.

Staff told us that they had not received supervision on a formal one to one basis. However staff told us that they felt supported by the management team. Supervisions provide staff with an opportunity to discuss any issues and receive feedback on their performance, which ensures people are cared for by staff that are well supported.

Staff told us they had received training in the Mental Capacity Act (MCA) 2005, which they said was a part of the

dementia training that they had undertaken. The MCA 2005 is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Staff demonstrated a basic understanding of the MCA; they were able to describe how they would ensure people were in agreement with the support they were providing. We spoke with staff and asked if they supported anyone who lacked capacity and what they would do if people who may lack capacity refused support. Staff told us that they would try to encourage people if they refused care or support. One staff member said “If a person refused a meal, I would act in their best interest and would prepare something they liked and would leave it for them.”

We checked the arrangements that the agency had in place in relation to protecting people from the risks associated with eating and drinking. One person told us, “The food they do for me is lovely the main meals are done in the microwave and it’s always hot and tasty.” Arrangements were recorded in people’s care records regarding their nutritional needs where this support was required. For example two people required some support with preparing their meals and drinks and information was contained in the care records to enable staff to do this. Staff told us that they supported some people with their meals and if there were any concerns food charts would be completed and they would notify the office staff of their concerns regarding a person’s nutritional needs.

Staff told us they felt it was important to monitor people’s health. They recorded any changes in the care notes and reported concerns to the office staff or directly to the person’s GP or ambulance service if it was urgent. This ensured people’s changing health needs were met. A relative told us “Staff involve me in the care planning and any changes that are needed. If staff have any concerns they talk to me about it.”



# Is the service caring?

## Our findings

People using the service and some relatives that we spoke with told us they were happy with the support they received. They felt that the care staff were kind and caring. One person said, “The carers are nice to me. They treat me with dignity and respect making sure that I’m well.” Another person described the care they received from the care staff, “The carers are very good at what they do.”

People told us that they thought staff maintained their privacy, dignity and independence when being supported with personal care. One person told us, “When they do my personal care they only do what I can’t. They go at a pace that’s comfortable for me.” Relatives of some of the people using the service also felt that the care staff respected their family member’s privacy and dignity. Comments from relatives included “They [care staff] are caring and supportive of both of us but it’s my family member that they really look after well” and “The personal care is good as is the dignity and privacy they give my family member. The carers are really patient and kind.”

Staff we spoke with gave us examples of how they respected people’s privacy. One member of staff said “I always cover the person with a towel when I am supporting them with personal care.” Another member of staff stated

“When you are supporting a person, you need to ask them for their permission. For example if the person is in the bathroom I always knock on the door before entering.” This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

Some people were not sure if they had a care plan. Comments from people included “I cannot remember if I have a care plan or if it’s written down but the carers have been coming for a long time so they know what needs doing” and “I don’t know anything about a care plan but it might be in the book.” Another person stated they did have a care plan and that they didn’t know when it was last looked at.”

However relatives of some people using the service told us that they had been involved in decisions about their family member’s care and their views had been obtained about what was working well in relation to the care people received. One relative stated “Staff involve me in the care planning and any changes that are needed.” Another relative told us “They talk to me about any concerns that they have and about the care plans and things like that.”

Care records we saw showed that people’s preferences in relation to their preferred names were recorded in their care records to ensure staff addressed them in their preferred way.

# Is the service responsive?

## Our findings

Some relatives we spoke with felt that their complaints had not been addressed and that the agency had not listened to them. One relative stated “I do complain but don’t get anywhere I speak to the manager who apologises but it then happens again and again.” Another relative said “Sometimes the rota gets changed and we are not told, also the staff often arrive late to help my relative. I complain to the manager but it still happens.” This demonstrated that people’s complaints and concerns were not resolved as far as reasonably practicable to the satisfaction of complainants.

A complaints procedure was in place, however it was last reviewed October 2013. It did not give details of all other agencies people could approach if they were dissatisfied with the way the provider dealt with their issue.

The registered manager told us that complaints were logged on people’s individual care records which were computerised. As complaints were not recorded centrally it was not possible to establish that complaints received by the service had been investigated and responded to appropriately. Also whether or not the complainant was satisfied with the outcome.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and some relatives felt that the care provided by the care staff was good. However they told us that the service was not always reliable. For example comments included “They are late many times but I just wait until they arrive” and “Most of the time I’m happy with the care my family member receives from the carers, but they are always late.” Another relative said “I’m more than flexible I give them an hour each way so if they aren’t here then I cancel them and do the job myself.”

People and relatives we spoke with confirmed that they knew how to complain if they needed to. Comments

included “If I had any concerns or needed to complain I would call the manager” and “If I needed to I would complain to the manager who I’m sure would listen to me.” One relative said “There is all the information in the folder so if I needed to contact the office with concerns or to complain I have the contact details.”

We received information of concern during November 2014, which was shared with the Local Authority (LA) contracts monitoring team. It was suggested that care plans had not been updated and were no longer an accurate record of some people’s needs. During December 2014 the LA visited the service as result of these concerns and found that four out of the six care plans looked at were up to date.

The care records we looked at showed that assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. A relative for another person using the service told us that their family members needs had been assessed. They said “The manager came and discussed the things we needed doing, she was very nice and it’s all written down in the folder, my relatives care plan is in there too.

Within the four care records we looked at, we saw that one care plan had not been updated since 2013. When we spoke with staff that supported this person, they told us they were aware of the person’s needs and that there had been a reduction in the level of support this person required. Staff told us that when they felt that a person’s needs had changed, they would report this to the office staff. Some care staff told us that care plans were not always up to date and they had to rely on information on the communication book. One staff member based in the office said “The care plans are not all up to date, we are working through them and this is work in progress.” We discussed this with the registered manager, who told us that she was aware that care plans were not up to date. The registered manager told us that she was working together with the office staff, they had identified care plans which required updating and were reviewing care plans to ensure they were up to date.

# Is the service well-led?

## Our findings

At our last inspection during October 2013 we found that the provider did not have effective systems in place to assess and monitor the quality of the service that people received. At this inspection we found that further action was required to ensure that there were systems in place to monitor and assess the quality of the service provided.

The registered manager told us that telephone calls were made to people who used the service to obtain their views about the service they received and 'spot checks' of staff performance were carried out at people's homes. However we saw no records to confirm this. The registered manager told us that service satisfaction questionnaires were sent to people who used the service last year, but not all had been received back. The registered manager stated that they had gone through the surveys. However we saw no evidence that an analysis of the feedback received from people using the service and their representatives had been carried out and if necessary acted upon. One person using the service told us "I seem to remember some time ago that I filled in a questionnaire about the service and what I thought of it." However a relative stated "I haven't filled in a questionnaire for over a year so they don't know or ask what we think of the service." This demonstrated that the provider did not have effective systems in place to assess and monitor the quality of the service provided.

We had received information in November 2014, that some people's care records were not up to date. At this inspection this was verified, the registered manager told us that this was identified when the local authority carried out a visit to the service and that there were plans in place to address this.

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about any internal audits that were carried out to monitor the service provided and take action as required to improve the service. They told us that they had recently started to audit medication records

to ensure there were no discrepancies. They told us that if they had identified a discrepancy on a person's medication records the member of staff involved would be contacted to provide an explanation.

People we spoke with were happy about the care that the staff provided. One person said "It's a good service, I'm ok with it. However some people we spoke with and relatives were not happy that when the rota changed they were not informed and they did not know who would visit. They also raised concerns that if carers were running late the office did not contact them. One relative also stated "What I really find frustrating is like this morning, I have received an invoice for the past three months. Why cannot they send them monthly."

Some relatives told us communication from the office was not always good. One relative told us "The biggest problem is the office; they change the rota and don't tell you so you never know who's turning up at the next visit." Another relative said "It's not the carers they are good at their job it's the administration that lets us down." Concerns were also expressed regarding the rota's changing, without prior notice. One person said "They have been coming for many years so I'm used to them changing the rota but they rarely tell you that it's been changed." One relative said "The carers are good but the rota's keep on changing without notification, that's not good."

At our last inspection during October 2013 we found that personal information about people using the service was not held securely. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that the provider had taken action to make improvements in this area. Since July 2014 the agency have started to use a 'box app', which staff access via mobile phones. This system allows information to be stored securely which includes rota's. The registered manager told us that the system can be deactivated if the phone is misplaced, stolen or if the member of staff left their employment. The registered manager also told us that there were a couple of staff who still received information via paper copies as they did not have internet access or a smart phone.

We were told by staff that staff meetings did not take place. Information was shared with them via memos or when they came to the office. We discussed this with the registered manager, as this was also identified at the last inspection.

## Is the service well-led?

The registered manager told us that they planned to introduce staff meetings. This did not ensure that staff were given the opportunity to make their views known and for management to share information about the service.

There was a registered manager at the agency. Staff we spoke with during this inspection stated that they felt that the management were available if they had any concerns. They also told us that the service was well led and the

management were supportive. Comments from staff regarding the service and management support included; “It’s a well-run agency, the management support you,” “Its all the about the needs of the people using the service, a very compassionate and professional service” and “The management are good, they support you with any problem you may have.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**How the regulation was not being met:** The provider had not taken proper steps to ensure that people's individual needs were being met. Regulation 9

### Regulated activity

Personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

**How the regulation was not being met:** complaints were not fully investigated and resolved to people's satisfaction. Regulation 16 (1) (2).

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:** The provider did not have effective systems in place to assess and monitor the service provided. Regulation 17 (a)(e)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.