

SCS Care Limited

SCS Care Limited - Main Office

Inspection report

666 Washwood Heath Road
Birmingham
B8 2HQ

Tel: 01212933141

Date of inspection visit:
13 June 2023

Date of publication:
06 September 2023

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

SCS Care Limited is a domiciliary care service and supported living service providing personal care to people. At the time of our inspection, there were 3 people receiving support in their own homes.

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

Right Support:

The small staff team in place knew people well, but care records such as care plans and risk assessments needed more information to give staff clear guidance for managing people's known healthcare risks so safe and consistent care could be provided.

The provider's recruitment practices required improvement to ensure people were supported by suitable staff.

Staff training required improvement to ensure staff received training in a timely way and training was in place covering the healthcare needs of people supported. Records of staff induction also needed improvement.

People were supported to have choice and control of their day to day lives, however where restrictions were in place; the policies and systems in the service had not recorded the authorisation for this.

Right Care:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff knew how to raise any concerns they may have to safeguard people and were assured the provider would take action. Relatives we spoke with said people were safe with the care and support of staff.

Staff were caring and respectful. People were involved in their care and said staff respected their wishes about how they wanted to be supported. People and relatives told us how staff supported their cultural needs.

People and relatives, we spoke with said staff provided good care and staff working for the provider told us they felt supported in their role.

Right Culture:

Systems to monitor the quality-of-care people received and provide an oversight of the service, were not always effective at identifying areas of concern. Systems in place had not identified the areas of improvement required in care planning and risk assessments, recruitment practices, and mental capacity information.

The registered manager needed to improve their knowledge and understanding of their role and responsibilities including their duty to submit statutory notifications about key events in line with the service's CQC registration. They also needed to improve their knowledge and training around support to people with a learning disability or autism so they could be an effective lead and manage staff who provide this support.

There was evidence the provider was open to working with external agencies to provide good care.

The provider was open and receptive to the areas of concern identified in the inspection and after the inspection the provider took immediate action to address some of the concerns we found.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this newly registered service.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, and well-led sections of this full report to see what actions we have asked the provider to take.

Enforcement

We have identified three breaches in relation to safe care and treatment, staffing and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

SCS Care Limited - Main Office

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 1 inspector.

Service and service type

This service is a domiciliary care and supported living agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 2 people supported in the community and 1 person in supported living.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider.

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 would be in the office to support the inspection.

Inspection activity started on 10 July 2023 and ended on 17 July 2023. We visited the office location on 13

July 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 2 relatives of people who used the service about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the care manager and 5 care staff. We also spoke to a consultant engaged by the provider, to review paperwork and systems in place. We also made contact with 1 healthcare professional for feedback.

We reviewed a range of records. This included 3 people's care records and the medicine records for 1 person. We looked at 3 staff members files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvement was required in care documentation to enable staff to provide care in a safe and consistent way. The provider had care plans and risk assessments in place, but these did not give clear and detailed instruction to staff on how to provide safe care and support. For example, 1 person needed staff to support them to stay safe within their home. Although this was recorded there was no detailed guidance on how this support should be given, or if it varied at any time, for example when they were bathing.
- The inspection also found that staff had not had specific training in ways to support people's known healthcare risks safely. For example, care plans instructed staff to monitor 1 person's mood and behaviour in order to identify if the person was becoming unwell so they could take appropriate action. However, staff had not received specific mental health training to consistently assess this area of care.
- We found 1 care plan and risk assessment gave staff general guidance on household items that may pose a risk to 1 person. However, no details were given, on which specific items this included.
- There was small staff team who knew people well including the risks to their well-being. However, detailed care plans are required because if the current staff became unwell and agency staff need, clearer guidance would be required for them to meet people's needs safely and consistently.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- One person and 2 relatives we spoke with said they were happy with the care provided to keep people safe. One person told us how staff safely supported them. They commented, "[Staff] stay close to make sure I'm safe." One relative also told us how staff supported their family member when using mobility equipment. They commented, "The staff guide [person's name] and say, put your hand here."

Staffing and recruitment

- The inspection found recruitment processes were not robust to ensure safe and effective recruitment.
- We found although 1 member of staff was employed from November 2022, the only DBS (Disclosure and Barring Service) check on file was dated June 2023. The provider stated checks had been made at the time of employment, there was no written record of this.
- We also found although 1 member of staff was employed from November 2022, evidence of their right to work was dated February 2023. The provider stated checks had been made at the time of employment, there was no written record of this.
- The inspection found the provider had not followed their own recruitment policy, as there were no

references held on file for 1 member of staff.

- The inspection found the provider had not followed their own recruitment policy, as the application form for 1 member of staff had education recorded, and a short gap in employment had not been recorded. In addition, although there was a reference on file this was not from the member of staff's previous employer.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- At the time of the inspection only 1 person was supported with their medicines.
- Staff had received training in medicines management and told us they felt confident in administering medicines.
- The provider told us they had arrangements in place to monitor medicines, however as there were no records of checks made, we could not verify this.
- One relative we spoke with said they were happy with the medicine support their family member received.

Learning lessons when things go wrong

- At the time of our inspection there was a record of 2 recent incidents. We saw the provider had shared information of the incidents with the local authority funding the care.
- The provider said information was reviewed to identify any trends or where increased support may be needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and felt able to raise any concerns they may have with staff.
- People were protected from abuse by staff who had received safeguarding training and told us they felt able to raise any concerns. One member of staff commented, "I would raise [concerns] ... because my job is to protect the person and not the company."
- The registered manager understood their responsibilities in making appropriate referrals to the local authority safeguarding teams and to notify us, as required by law.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- People, relatives and staff, we spoke with confirmed that PPE (personal protective equipment) was used effectively when required.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- From the records we reviewed we could not be assured that all people using the service had capacity to make and to consent to decisions about specific aspects of their care.
- 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. There was no record on file where a court of protection was required.
- We asked the registered manager about this; they confirmed it had been applied for by another healthcare professional. They gave assurances this would be followed up immediately following the inspection.
- Staff told us how they sought people's consent to care and respected people's choices and decisions. However, staff had not received MCA training from the provider, therefore we could not be assured that all staff had a good understanding of the MCA and how it impacted people's care.
- The provider gave assurances that MCA training would be sourced for all staff immediately following the inspection.
- People and relatives told us staff respected their choices on how day-to-day care was provided.

Staff support: induction, training, skills and experience

- The provider had an induction programme that included online training and working with more experienced staff in place which staff told us helped them know how to support people. However, a robust record of staff induction training had not been maintained.
- The inspection found an improvement could be made to ensure staff were provided with training in a timely way. For example, care and support was provided to 1 person with a learning disability or autism.

Records showed that training had been provided to staff in June 2023 after the care had started in November 2022. In addition, the registered manager had still not completed learning disability training at the time of the inspection.

- Records also showed that although online training had been provided when people were first employed, practical moving and handling training had not been completed by staff until July 2023.
- Records also showed that although online training had been provided when people were first employed, food hygiene training had not been completed by staff until July 2023.
- Records showed and staff confirmed MCA training had not been put in place for staff by the provider.

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

- People and relatives we spoke with said care was delivered in line with people's individual daily choices. Staff we spoke with knew people's needs and wishes well.
- Pre-service assessments had been carried out, which included information about their healthcare conditions and their care needs.

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

- Some people required support with eating and drinking. Relatives told us they were happy with the support from staff in preparing meals for their family members.
- Staff understood people's preferences and dietary needs and took this into account when supporting people to plan and prepare meals.
- Records showed and 1 relative confirmed that 1 person was supported with meals that met their cultural needs.

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

- People and relatives, we spoke with told us they were happy with the support people received to manage their health.
- Staff we spoke with told us they shared any changes in people's health with the registered manager, who liaised with relevant healthcare professionals.
- Staff advised they would help people to access support for their healthcare and medical needs if required.
- One healthcare professional told us they had had good communication with staff in support of 1 person's healthcare needs..

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- We received positive feedback about the care provided from people and relatives we spoke with. One relative told us the care was good because their family member was supported by consistent staff, which was important to them. They added, "[Person's name] has improved a lot since being with them. [Person's name] is much better now. They [staff] get them out more which is good for them. They are calmer now."
- One person we spoke with told us how they liked to laugh and chat with staff, they commented, "The carers I have are wonderful. Excellent, they do whatever needs doing and always ask, have you got everything you need before they leave and always ask do you need anything else?"
- A second relative commented, "They are like friends. [Person's name] gets on well with them, it's the same staff so [person's name] knows them."
- Staff had a good knowledge of people's cultural needs. One relative told us how staff supported their family member with her faith which was important to them. They told us, "Staff understand this."

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

- People and relatives told us they were involved in reviews of their care. One relative told us how following a review a referral had been made to another healthcare professional.
- A second relative told us communication was good and commented, "I feel I can approach them with anything we need."
- Staff liaised with people throughout their care to ensure the support delivered was in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- Care plans were person centred and identified how to support people with their independence. However, improvement could be made. We found examples of care notes that included inappropriate language. We brought this to the attention of the registered manager who took immediate action to address this.
- People and relatives told us staff were respectful of people's privacy and provided care in a dignified way.
- One person told us how, as they became more independent, they had managed to reduce the number of care calls they needed.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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;

- People's needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs.
- One person told us they and their family members were involved in the assessment process. This helped to ensure staff had the information they needed to meet people's needs. They commented, "They came and talked to me about what I needed." One relative also commented, "[They] talked to us so they knew what was needed and what is important."
- Relatives told us they were happy with the care provided and staff provided responsive care. Two relatives both told us how staff provided culturally appropriate care to their family members.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints; however, we were aware of 1 complaint that had been shared with CQC. We discussed with the registered manager who was confident that appropriate actions had been taken but acknowledged a record of this had not been completed.
- The registered manager gave assurances action would be taken to ensure all future complaints would be logged and responded to.
- The 2 relatives we spoke with both told us they had not had reason to raise concerns. One commented, "But it's all been explained to us how to do it."

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.

- Peoples communication needs were considered, and care planned appropriately to ensure these needs were being met. For example, where people spoke English as a second language, they were supported by staff who spoke their first language.
- We spoke to the registered manager who said that they were aware of the AIS, however at the time of the inspection there were no examples of information provided in different formats. The provider acknowledged this and said they would review this following the inspection.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager told us he would liaise with relatives and healthcare professionals to ensure peoples wishes were

followed.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The inspection found there were a lack of robust and effective systems in place to enable the provider to have an effective oversight of the service. An improvement in systems and processes was required to ensure areas for improvement were identified and addressed in a timely manner.
- Provider systems were in place to review care plans and risk assessments, but these had not been effective. Systems had failed to identify more information was required to ensure clear guidance and instruction to staff on how to provide care and support in an effective and consistent way to keep people safe.
- Provider systems were in place to check and review recruitment records, however these had not been effective in identifying that the providers own recruitment policy had not been followed to ensure safe recruitment.
- The provider advised daily records were audited, although they acknowledged there was no written record of these. The inspection found these checks had not been effective in identifying where inappropriate terminology had been used. The provider gave assurances this would be addressed with staff immediately.
- The provider advised medicine records were audited, although they acknowledged there was no written record of these therefore could not be verified.
- Provider systems had not been effective at ensuring there was a record of authorisation in place to restrict one person.
- Provider systems in place to record complaints and responses made had not been effective in ensuring that a record was maintained. This meant the provider was not able to assess if actions taken were effective and to monitor any potential themes or trends.
- The registered manager needed to improve their knowledge and understanding of their role and responsibilities including their duty to submit statutory notifications about key events in line with the service's CQC registration. They also needed to improve their knowledge and training around support to people with a learning disability or autism so they could be an effective lead and manage staff who provide this support.

We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and receptive to our feedback during the inspection. They acknowledged where improvements could be made and took immediate action on some matters. They also confirmed that they had appointed a new care manager to help with the management of the service. In addition, they had engaged a consultant to help them address the areas where improvements were required. We spoke with the consultant who confirmed the input they would provide and that an improvement plan would be put in place following the inspection.
- The provider has submitted a notification to CQC to add learning disabilities to their service user bands. This is currently under assessment by CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they considered the service to be well managed. Relatives told us they felt involved in their family members care and able to speak to the registered manager if they had any concerns.
- Staff told us they felt well supported and could approach the registered manager for advice and support. One member of staff commented, "It's one of the best companies I have worked for ...they are good if you need something like PPE it's all sorted quickly. If I have a question or support the on call is there for me."

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 provider understood their responsibility to be open and honest with people when something goes wrong. This was confirmed by 1 person we spoke with who told us they received an apology when they raised a concern. They commented, "I appreciated it because we are all human and mistakes can happen."

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care.
- One healthcare professional we contacted commented, "During visits the carers have communicated well with myself, there is a feeling of working together and they have worked well with myself to try and come to suitable recommendations. They have also given their input as they know [person's name] best. When making contact I have always received a response straight away and my recommendations have been respected."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Systems were not in place or not robust enough to demonstrate safe recruitment.</p>