

Seraphim Home Care Ltd

# Seraphim Home Care

## Inspection report

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Date of inspection visit: 30 April, 01 and 06 May 2015  
Date of publication: 14/09/2015

### 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 

### Overall summary

The inspection was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure staff would be available at the service. At the time of the inspection the service was providing personal care to 19 people.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers,

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the service employed, a registered manager, one care coordinator, one senior carer and 15 care staff.

People received care and support from care staff they felt safe with. People were safe because staff understood

# Summary of findings

their role and responsibilities to keep them safe from harm. Staff were aware how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm.

Staffing levels were sufficient to meet people's needs and protect them from harm. Recruitment processes were robust and ensured that staff were of good character to work with vulnerable people.

There was training and support available to staff to ensure they had the skills and knowledge they needed to support people effectively. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

Staff treated people with kindness and compassion and developed positive, caring relationships with them.

People were involved in planning their own care. They had been consulted to ensure their care records reflected their own views and opinions. Care records were reviewed with people and they had also been provided with sufficient information about the service.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where people made decisions on behalf of those who lacked capacity to do so at the relevant time.

People received a service that was well-led because the registered manager provided good leadership and management. There were systems in place to conduct quality assurance checks and audits. This meant that the registered manager could monitor the care which was being delivered and take steps to ensure people received high-quality care.

# 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 safe.

People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and reporting.

Risks to people and the service were managed effectively.

Medicines were administered safely. People received the appropriate support with their medicines as required.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm. Staff were recruited in a robust way.

Good



### Is the service effective?

The service was effective.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

The provider had an induction process for new staff.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA).

The service communicated with GPs and other healthcare professionals where a need was identified.

Good



### Is the service caring?

The service was caring.

People were supported by staff who treated them with kindness and compassion.

Staff worked to develop positive relationships with the people they supported.

People had been involved in planning and reviewing their care and were provided with information about the service.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People's needs had been assessed and reviewed in a timely manner.

People received care which met their needs and any change in their needs was responded to.

Care plans were up to date and contained clear information to assist staff to care for people.

Care was delivered in an individualised manner.

The provider had a complaints procedure and people felt able to complain.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The service had a positive, open and transparent culture.

There was good management and leadership at the service. The registered manager and provider had a clear vision of where they wanted the service to go in the future.

The registered manager was committed to carrying out quality assurance checks to ensure the service was delivering high-quality care.

Good



# Seraphim Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of Seraphim Home Care and was completed on 30 April, 01 and 06 May 2015. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not

request the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We looked at the care records of three people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality and complaints.

The provider asked people if they were willing to speak to us prior to our visit. During the inspection we visited three people in their own homes. We spoke to these people about the service they received and three relatives. We talked with two care staff, one senior carer, one care coordinator and the registered manager.

# Is the service safe?

## Our findings

People who used the service told us they felt safe when staff entered their homes and supported them with their care needs. One person told us, “I feel safe having the staff in my house. They reassure me and they do a good job”. Another person said, “I trust the staff in caring for me. I have no concerns about the agency”. Staff we spoke with explained how they ensured people were left safely in their home before they had finished their visit. One staff member told us, “I always make sure people are happy and that they have everything they need before I leave”. A relative told us, “The staff, cause us no concerns. We like having them in the house”.

Staff we spoke with said they had received safeguarding training and received regular updates. They were able to give examples of what constituted abuse or neglect and who they would report concerns to. They were aware of the service’s whistleblowing policy and said they would not hesitate to report any concerns. Comments included, “If I was concerned a person was being abused or was at risk I would report to senior staff”, “I would act on any sign of abuse straight away by reporting this to the office”.

People’s needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. We looked at three people’s support plans; each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people’s needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe. One family member gave an example of where the staff had identified a risk with the use of a wheelchair previously assessed by another professional. The concerns had been reported by the staff who liaised with the person’s occupational therapist to get this repaired and made safe.

The service had a system to manage potential risks within people’s homes. An environmental risk assessment ensured that potential risks were identified and managed. For example, fire safety risks were completed together with a risk assessment if there were any hazards at the property.

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed. An example

given by staff was if during a visit on an evening or weekend staff were concerned about a person’s safety they will inform the person on call. We were told the person on call was often the registered manager or senior carer.

There were sufficient numbers of staff available to keep people safe. Each person that used the service was individually assessed and a care package was developed to meet their needs. Some people required two staff to support them at all times and other people one staff. The registered manager told us staffing levels were also adjusted in accordance to people’s care packages changing. An example being if a person was unwell and asked the service for any extra visit at short notice the service had the capacity to offer this.

People’s visits were covered by permanent staff. Any outstanding shifts due to staff annual leave and sickness was covered as overtime by staff. Staff schedules for the past four weeks confirmed staffing levels were maintained with no shortfalls identified. People and their relatives said that allocated visit times for care and support were completed at the scheduled time This meant there were enough staff to meet people’s needs.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people’s identification and medical fitness had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People’s medicines were being managed safely. There had not been any errors involving medicines within the last 12 months. The registered manager told us about the appropriate action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to people’s wellbeing, providing further training and support to staff to assess their competence and referral to the safeguarding local authority.

# Is the service effective?

## Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, “The staff always seem to know what they are doing. Most staff have worked for the agency for a while”, “New staff always visit with experienced staff and are shown the ropes”.

A thorough induction programme was in place to support new staff. This covered the principles of care, effective communication, role of the care worker, equality and diversity and safeguarding people from abuse. Staff told us they were given time during their induction to read people’s care records and the policies and procedures of the service. New members of staff were appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff within the community before they worked unsupervised. The induction

formed part of a three month probationary period, so the registered manager could assess staff competency and their suitability to work for the service and whether they were suitable to work with people.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, moving and handling, health and safety, first aid and pressure area care. This training provided staff with the necessary knowledge and skills to meet people’s needs. One staff member told us the registered manager had supported them to undertake a care qualification.

Staff were supported with regular supervisions every eight to 12 weeks. Records confirmed their professional

development was discussed as well as any training requirements. The registered manager and senior carer carried out spot checks on staff to monitor care practice and observe how medicines were administered to people. We were told this was to ensure staff were competent in their roles. There was an annual appraisal system in place. Staff told us they felt fully supported by management who provided them with good leadership and equipped them with the necessary skills to do their jobs.

All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA Mental Capacity Act (MCA) existed and how this protected the rights of people who lack capacity to make decisions about their care and welfare.

Staff explained how they gained people’s consent to personal care when they arrived for each visit. Staff told us they read through people’s care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Where there were concerns about a person’s capacity, key health and social care professionals were involved to support people to make decisions.

People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this input. Staff were proactive in ensuring people got the medical support they needed. Records showed that where staff had arrived at a person’s home and they were concerned about their welfare and well-being, they sought medical attention or obtained advice from healthcare professionals. For example if staff noticed a person’s mobility had changed or if a person felt generally unwell they would contact the person’s GP or the emergency services.

# Is the service caring?

## Our findings

People spoke positively about their individual care they received from staff and the service overall. One person described the care they received as 'Outstanding'. Comments we received from people about the care they received included, "The staff are all kind and caring and you can have a laugh with them", "The staff have a lovely caring nature and always seem happy".

We spoke with relatives regarding the care and support their family received. One relative told us their family member had a good sense of humour and was motivated by the staff because they were all "joyful, caring and fun". Another relative told the staff were kind and considerate toward their relative by giving reassurance through a period of ill health. They told us how the staff also offered the whole family support during this time.

People were cared for by staff who were passionate about providing good quality care. Staff showed a compassion for the people they cared for and gave examples of how they communicated with people who could not verbally communicate. An example being one person was not able to verbally communicate but staff understood if the person was happy to receive care from them by observing their facial expressions.

Care plans included people's preferences and choices about how they wanted their care to be provided and we were told by people who used the service this was

respected. Care plans were detailed and covered every aspect of a person's life and the care they required. Staff understood the importance of respecting people's rights. People were supported to dress in their personal style. Staff told us the information recorded in the care records helped them understand how people liked to be cared for.

People told us that they were able to express their views and make decisions about the care they received. People felt that they were listened to and staff were able to tell us about the things people were able to do themselves which encouraged their independence. Care records we looked at confirmed people's involvement in planning their care and outlined the way they wanted to be supported. People were able to make choices about how they wished to be supported with personal care so that they felt comfortable with staff. The registered manager told us they gained information about how people liked to be cared for through carrying out a comprehensive initial assessment with people.

Staff told us they respected people's privacy and dignity when they visited people in their own homes. They told us they always knocked the door and rang the doorbell calling out who they were before entering, even if the person had given permission for a key safe to be used when entering the premises. A key safe is a secure method of externally storing the keys to a person's property. We observed people's preferred method of staff entry was recorded within people's care plans.



# Is the service responsive?

## Our findings

People we spoke with said the staff had enough time each visit and were responsive to meeting their needs. Comments from people included; “The staff are very responsive to my needs, I can remember a time I was really unwell. The staff contacted the doctor on my behalf and stayed with me. They even went to the chemist to get my prescription”. A relative told us, “The staff monitor my relative’s wellbeing. They let us know of any changes straight away and we will call the doctor”.

People said they could contact the office to rearrange visits to fit in with their social arrangements and they would help wherever possible. One person said “The office staff are very helpful and can always answer my query. I have the agency’s contact number within my folder”. Another person told us “Sometimes I like to go out and need to change the time of my call. The staff are very accommodating at changing my visit time”.

People said the staff understood their individual preferences of care because they had been asked for the information before their care package commenced. Before people began using the service, comprehensive pre-assessments were undertaken by the registered manager and a senior carer. The registered manager said they visited people and introduced the service to them. Pre assessments were carried out to ensure the service had as much information about the person as possible in order to provide the best care possible.

People’s care records had been produced which were personalised to the people who used the service. The plans provided comprehensive information about people’s individual needs and how they liked to be supported. This helped to ensure staff worked in a consistent way which took account of people’s personal preferences and day to day routines.

People’s needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people’s individual needs. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved and outlining how long each task would take. Additional forms such as medicine administration charts and daily visit records were also available. Care records contained information about people’s medical history. Contact details of health professional and relatives of people were also recorded.

People’s care records were reviewed each year, however if people’s needs and requirements changed during this time, reviews were undertaken promptly to ensure people were receiving the support and care they required. An example given was if a person had been admitted to hospital for a number of weeks due to illness the agency would review the person’s care plan with them. This was to ensure any changes in people’s needs were incorporated into the person’s care plan and the service could continue to meet their needs

People told us they had no complaints about the service they received. They had information in their care records which guided them on how to make a complaint to the service, the provider or other organisations. People told us, “I have all the details in my folder of who to contact if I am unhappy. I have no complaints about the agency they are marvellous”, “I have no grumbles but if I did I am sure this would get sorted. I was given all the information when the agency took over my visits”.

A detailed complaints policy was in place, this clearly explained the complaints process to follow. This included how to make a complaint, who people should complain to, the expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. The registered manager told us the service had not received any formal complaints.

# Is the service well-led?

## Our findings

Both people and relatives we spoke with said they felt the registered manager was professional compassionate and approachable. Comments we received included “X is so kind and caring and very approachable. Nothing seems too much trouble” and “The manager is always available to speak with in the office. The agency seems very well organised and the staff are happy”.

The registered manager had clear visions and values of the service. They told us the main aim of the service was to continue to offer a high standard of personalised care to people. The registered manager spoke passionately about the service. They told us their focus for the next 12 months was to expand the service taking on extra care packages and to apply for a Local Authority contract. They told us they how they planned to recruit extra staff to care for people once extra care packages were allocated. This included recruiting a care manager to assist with the overall management of the service.

Staff told us the registered manager promoted an open and transparent culture and always looked to learn in order to improve the service for people. Staff told us they felt valued and supported by the registered manager. One member of staff said “The registered manager is fantastic and is an excellent manager. She wants the best care provided to people”. Other comments included; “A happy empowering manager means the staff are also happy and we feel empowered” and “The registered manager always puts people first and is a very fair manager”.

Regular staff meetings were held to keep staff up to date with changes and developments. The registered manager said meetings were held at the office every month and were very well attended by staff. We looked at the minutes of previous meetings and noted a range of areas were discussed. For example, a staff meeting held in March 2015 involved a discussion with staff on the core values of person centred care. Staff were also congratulated on gaining qualifications and thanked for their hard work. Staff told us they found these meetings useful and empowering.

Systems were in place to check on the standards within the service. Regular reviews of care plans and risk assessments were undertaken by the registered manager and a senior carer. The registered manager undertook a range of audits to monitor the quality service delivery. These included audits of medicine administration records, health and safety, accidents and incidents and of people’s finance sheets.

People’s views about the service they received were sought and acted on. The last quality assurance survey was completed in April 2015. This involved 12 questionnaires being sent out to people and their relatives. Positive comments were received from people about the service and their overall satisfaction. Comments included “All is well and we are delighted with the staff” and “Very happy with the service. No complaints what so ever”. The registered manager told us no negative comments had been received and they planned to share the overall results with the staff and the people who used the service.

Policies and procedures we looked at during the inspection were regularly reviewed by the registered manager. An example being the policy in relation to safeguarding. Staff we spoke to knew how to access policies and procedures. This meant clear advice and up to date guidance was available to staff. The registered manager told us they also monitored the standard of care people received by carrying out spot check of staff observing care practices. We reviewed records in staff files which confirmed spot checks were carried out.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening within the service. We spoke with the registered manager as the CQC had not received any notifications from the service. They told us no reportable events had occurred. The registered manager had insight of when events were to be reported and how they could access the appropriate notification forms.