Sarah Care Ltd

Sarah Care Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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:
Sarah Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection the service was supporting approximately 125 people with personal care.

People's experience of using this service:
• People told us they felt safe receiving care from Sarah Care Limited. People were supported to raise any concerns and they told us the service responded promptly to resolve any issues. Staff were trained in their responsibilities for safeguarding adults from abuse. This supported people to stay safe.
• Staff were trained in safe medicines administration. They administered people's medicines in a safe way. However, we identified that improvements were required to the records maintained by the service in respect of medicines management, particularly when staff were prompting people with their medicines. Staff did not always record prompts given with individual medicines and the service did not always gather information about the medicines people were taking when staff prompted with medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance.
• Risks to people receiving care where assessed, however some improvements were needed in this area to ensure all risks were adequately assessed and all necessary risk reduction measures were recorded.
• People told us they usually received care from a small number of regular care workers who knew them well. They told us staff usually turned up on time, stayed for the correct length of time and provided them with all the support they needed in accordance with their preferences.
• Staff were kind and caring and were keen to deliver a person-centred service. People told us they felt well-treated and staff were respectful towards them.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was obtained before care was delivered. Where people were unable to consent to their care due to a lack of capacity, relevant people were consulted about their care in accordance with the Mental Capacity Act 2005. We have made a recommendation about the service obtaining copies of Lasting Powers of Attorney granted by people using the service.
• People were supported to make decisions about their care and were involved in regular reviews to make sure it continued to meet their needs.
• Feedback was regularly obtained from people using the service, their relatives and staff via various methods. It was used to improve the service and to improve people's experience of receiving care.
• Staff received a wide range of training which supported them to undertake their roles effectively. Staff told us they were very well supported by the registered managers and they felt the service was well-managed.
• We found there was an open, welcoming, positive culture within the service. Staff all enjoyed their jobs and the staff team communicated well and worked effectively together. People using the service told us the communication they had with the service was very good and the service was efficiently run.
• The service worked well with other organisations and this supported them to deliver effective care to

people. We received positive feedback about the service from one of their commissioners prior to this inspection.
• Senior staff and the registered managers completed a range of checks on the service to monitor the quality and safety of the care provided. We found some improvements were needed to the quality assurance system to ensure it adequately identified the issues we found in the assessment of risk and recording of medicines support.
• More information is in the full report.

Rating at last inspection:
At the last inspection the service was rated good (published 21 September 2016).

Why we inspected:
This was a planned inspection based on the rating awarded at the last inspection.

Enforcement:
Please see the 'action we have told the provider to take' section at the end of the full report.

Follow up:
We will continue to monitor the intelligence we receive about this service until we return to visit as part of our re-inspection programme for those services rated requires improvement. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Sarah Care Limited

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:
This inspection was completed by one inspector and two assistant inspectors.

Service and service type:
Sarah Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service mainly to older people and to some people with physical and learning disabilities.

Not everyone using a domiciliary care agency receives support that is a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people do receive a regulated activity we also take into account any wider social care provided.

The service had two managers registered with CQC. This means that they and the provider are all 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 one days' notice of the inspection so we could ensure the registered managers would be available during the office visit.

Inspection activity started on 25 March 2019 and ended on 27 March 2019. We visited the office location on 27 March 2019 to see the registered managers and staff; and to review care records and policies and procedures.

What we did:
Before this inspection we reviewed the information we had received about the service since the last inspection. One of the registered managers had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted social care commissioners who help arrange and monitor the service provided by Sarah Care Limited. We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to plan our inspection.

On 25 March 2019 an assistant inspector spoke with eight people who used the service over the telephone to obtain their feedback. On 26 March 2019 an inspector spoke with a further six people who used the service and one relative over the telephone. During our visit to the service's office on 27 March 2019 we spoke with eight care workers and five office based staff including the two registered managers.

We looked at nine people's care records and selected documents from an additional two care records. We checked the recruitment records for five staff members and viewed a range of records detailing staff training, supervision and appraisals. We also looked at other records relating to the management of the service, such as quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations may or may not have been met.

Using medicines safely:
• All staff were trained in the safe administration of medicines and their competency to administer medicines was regularly checked.
• When staff were responsible for administering medicines to people, we found people received their medicines as prescribed. Staff recorded the administration of medicines on a medicines administration record (MAR) so it was clear what medicines people had taken and when.
• When people needed staff to administer their medicines, details of their medicines were listed in their care plan along with confirmation of the support they needed with each medicine. One of the registered managers informed us that when any changes were made to people's medicines, their care plan would be updated so it always contained up to date information about their current medicines. However, in one care record we checked, the medicines information recorded in the documentation kept in the service's office was not up to date. It differed from the medicines listed on the person's current MAR. The registered manager agreed to review this. They informed us after the inspection that the information held by the office had been updated so it contained details of the correct medicines.
• Improvements were required to the information recorded in some people's care records about support they needed with creams. People's care records did not always indicate which creams people were using and why people were using them.
• When the service prompted people to take their medicines themselves, information was not always recorded in people's care plans about what those medicines were. It was therefore not clear what medicines staff were prompting people to take or whether it was appropriate for staff to do this at the times they were doing so. Staff did not record the prompt given for each individual medicine in people's care records.
• The issues we identified with the records made by the service about how they supported people with their medicines were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; good governance, because a complete and contemporaneous record of the support provided with medicines was not always maintained.
• The registered managers agreed to address these issues promptly. Following the inspection one of the registered managers informed us they had arranged additional training for their office staff, team leaders and supervisors regarding the provision of effective medicines support and the implementation of good practice guidance for medicines related processes.

Assessing risk, safety monitoring and management:
• Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained a risk assessment detailing the specific risks posed to them and an environmental risk assessment detailing any risks posed to people and staff by their home environment,

such as trip hazards or fire hazards.
• In some care plans we checked, not all risks had been adequately assessed and documented. Some risk management measures were not detailed enough. For example, we found information was missing about how staff should use equipment such as hoists to support people to safely mobilise and the risks presented by some medicines were not always adequately assessed.
• One of the registered managers explained they had identified that risk assessments could be more detailed and contain clearer guidance for staff about how to reduce risks when supporting people. They showed us a new risk assessment form they had introduced and we saw examples of completed risk assessments on the new form which were sufficiently detailed. This needed to be fully implemented across the whole service.

Staffing and recruitment:
• There were enough staff deployed to meet people's needs and keep people safe.
• Most people told us they were supported by regular care workers who they could get to know well. A few people told us they had regular care workers for a while but then staff rotas changed and they had to get to know new care workers.
• People told us staff usually arrived on time, stayed with them for the correct length of time and provided all the support they were expected to provide during each visit. Comments included, "Yes they do turn up on time" and "You can set the clock by them [the care workers]." People said the only time staff might be late is if there was an emergency or if staff called in sick and the office had to arrange cover for them.
• The provider was in the process of implementing and embedding an electronic call monitoring system. Care workers were required to log their arrival and departure times at people's homes on an electronic system and this allowed office staff to monitor whether they were running late. Office staff told us this would allow them to let people know if care workers were running late and would allow closer monitoring and evaluation of staff deployment in the future.
• We checked the provider's recruitment system to see if staff were employed using safe recruitment practices, to help make sure staff were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse:
• People told us they felt safe when receiving care from Sarah Care Limited. Comments included, "Yes [it's safe]. Absolutely top notch" and "I don't have any worries. I'm happy with the care workers."
• The provider had appropriate systems in place to safeguard people from abuse.
• The registered managers were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. All staff were trained in their responsibilities in safeguarding people from abuse.

Learning lessons when things go wrong:
• The provider had systems in place to learn from any accidents or incidents to reduce the risk of them reoccurring. The registered managers analysed accident and incident records to identify any trends and common causes.
• Where incidents had occurred, action had been taken to reduce the risk of them happening again. This included staff completing additional training and referrals being made to other organisations and/or professionals such as occupational therapists to assess whether people needed any additional support to remain safe.

Preventing and controlling infection:
• The provider had a policy which staff were required to follow to promote effective infection prevention and control practices.
• All care workers received training in infection control.
• People using the service were regularly asked whether staff used personal protective equipment, such as

gloves, when delivering care. Staff competency was regularly checked to make sure they were following the provider's policy.

Good

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 needs were assessed before they started using the service and a care plan was agreed with them which staff were required to follow.
• By talking to people using the service, it was clear staff were aware of the support people needed and this was delivered in accordance with their preferences. People were happy with the care they received, commenting, "Yes. It's very good", "They do look after me", "I know I've always got care workers coming and I really do appreciate the things they do for me" and "Yes. They come four times a day. They're very good. I don't know what I'd do without them."

Staff support: induction, training, skills and experience:
• Staff received a range of training to support them to develop the skills they needed to undertake their roles competently. New care workers completed an induction which included shadowing more experienced members of staff and all staff completed refresher training in important areas.
• Staff were happy with the training they received and people who used Sarah Care Limited told us they thought staff appeared to be well trained and knew what they were doing. Comments included, "Yes, they know what they're doing", "They are perfectly good" and "The regular carers really know what they're doing. They make you feel comfortable. They are really helpful and gentle with you."
• Staff received regular supervisions from their line manager which gave them the opportunity to discuss their work role, any issues and their professional development. Staff competency was checked through regular direct observations of the care they provided. Direct observations help to ensure staff remain competent and can demonstrate they continue to have the right skills and experience for their role.
• All staff told us they felt very well supported by their managers and the staff based in the office. They all felt able to seek support and advice when necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• People provided positive feedback about how the service had supported them to access other services, commenting, "Care workers will contact the GP for me; they have done that for me" and "If I'm unwell, they [care workers] will ring the doctor; they are very efficient."
• Staff worked with other organisations to deliver effective care and support to people. We saw evidence of staff seeking advice from community health professionals when this was required.
• If people experienced any changes to their health, such as a deterioration in their mobility, the service made referrals to appropriate community health professionals such as occupational therapists. This supported staff to help people achieve good outcomes.

Supporting people to eat and drink enough to maintain a balanced diet:
• People's nutrition and hydration needs were met. Staff were trained in safe food hygiene practice and people told us they were happy with the support they received with meals and drinks.
• People were asked about any special dietary requirements they had when they started using the service so staff could cater for their needs. If people required a special diet or had any food allergies this was recorded in their care plan so staff knew which food should be avoided.
• We found some people's care records did not contain information about their food preferences, such as their favourite foods which they would typically like staff to prepare. We recommended during the inspection that this information be recorded to support new staff to provide personalised care to people. The registered managers agreed to consider this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
• People had signed their care records to show they consented to their care and support, when they had the capacity to make this decision.
• The provider had a policy and procedure in place covering the MCA and the best interest decision making process where people were unable to consent to their care. We saw staff used information from other agencies such as the local council to help establish if people lacked capacity to consent to their care. If people were unable to make decisions about their care we found relevant people were involved in the assessment and care planning process, such as close family members.
• People were asked if they had given authorisation to any other person to make decisions about their care, for example by making a Lasting Power of Attorney (LPA). When people informed the service they had granted a LPA, the service recorded the attorney's details in their care record. However, the service did not retain a copy of the LPA in the person's care file. We recommend the service obtains a copy to ensure staff have clear information about which decisions each attorney is authorised to make.

Good

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; respecting equality and diversity:
• People told us staff were kind and caring. They felt well-treated by staff. Comments included "Oh, they are [kind]. I'm quite happy with Sarah Care", "Everybody that comes is nice", "I can't say anything bad about them at all. They're really good" and "Staff are very nice; definitely. Each staff member is really nice. I can't complain." A relative commented, "The care workers are excellent; I can't fault them."
• People told us they would recommend the service to their family and friends. Comments included "Oh my word, I would" and "I think I'm very lucky really, to have good carers like I do."
• People told us staff had got to know their routines and how they wished to be cared for. Some people who had used the service for quite a long time told us they'd built positive relationships with their care workers.
• Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care:
• People were involved in developing their care plans. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted.
• The care and support people received was reviewed every 6 months or sooner if people's needs changed. People were also visited every 8 weeks by a team leader to check they were happy with the care they were receiving, whether it continued to meet their needs and to check the documentation completed by care workers in people's homes, to make sure it was accurate and up to date.
• People told us they were supported to express their views. Comments included, "Yes, I get chance to look at my care plan. We go through it, time to time and have regular reviews. I'm happy with everything that's in the care plan" and "Someone from the office comes to check I'm happy with everything, every so often."

Respecting and promoting people's privacy, dignity and independence:
• People told us staff treated them with respect and listened to any requests they made. Comments included, "Staff listen to me if I say something", "Oh yes [staff do listen to you] and they always say, 'are you sure there's nothing else we can do', before they leave" and "Staff are respectful. I have no complaints whatsoever."
• People's care plans recorded what people could do for themselves and this promoted their independence.
• The provider had a policy and procedure in place which staff were required to follow to promote people's privacy and dignity.

Good

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:
• People told us their regular care workers knew them well and provided care in accordance with their preferences. Comments included, "Yes, they know me well. They know what I like" and "Yes, staff know me, absolutely."
• People's care records contained enough information to inform staff of the level of care and support each person needed. We identified that some care records would benefit from further detail about people's life history, likes and dislikes as this would support new staff to provide more personalised care to them.
• Care workers told us the communication between the staff team was very good. They explained that when they started caring for new people using the service, they were given clear information about the person which enabled them to get to know them well. This supported them to provide person-centred care.
• All staff we spoke with were keen to deliver a person-centred service in accordance with people's preferences. Staff told us they loved their jobs as they could get to know people well and provide good quality care to them.
• Care workers were trained to report any potential changes in a person's needs to the office staff. This then triggered an early review of the person's care plan. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
• A relative told us staff communicated very well with them and they were responsive to any issues they raised.
• People's communication needs were assessed. Where people needed support with communication, this was recorded in people's care plans so care workers knew how to communicate effectively with people. The provider had translated documentation about the service into different formats such as large print, braille and audio to help make sure this information was accessible to people with sensory impairments or sensory loss.

Improving care quality in response to complaints or concerns:
• People knew who to complain to if they had any concerns about the care and support they received. People told us, "If I have any problems, I ring the office", "They do listen to you and they do sort things out" and "I couldn't complain one bit. I could ask them [the care workers] to do anything and they would do it for me."
• People told us that when they had previously raised concerns with the office or directly to their care workers, their concern had been sorted out straight away. People were pleased with the action taken by the service to resolve any issues they raised.
• The provider had a complaints, suggestions and compliments policy and procedure in place. This set out how people could complain and how their complaint would be dealt with. We checked the service's complaint records and found complaints were appropriately recorded, investigated and responded to, in

accordance with the provider's policy.

End of life care and support:
• The service was not providing end of life care to anyone using the service at the time of this inspection. However, the provider had a policy and procedure in place covering end of life care planning which staff were required to follow.
• Staff had access to training about the provision of end of life care which covered how to provide effective care to people at the end of their life and how to support their family members.
• The registered managers told us staff would work closely with community health professionals when people received care at the end of their life, to ensure they had access to any specialist support and medicines they needed to remain comfortable and pain-free.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The registered managers and staff were all keen to promote the provision of high-quality, person-centred care. Staff spoke highly of the registered managers and the way the service was run.
• Staff told us they were listened to, valued and there was an open culture within the service. One staff member commented, "There is an open culture. If I have a concern, I know who to ask about it. That is what I like about Sarah Care; it makes all the difference."
• People using the service also told us they felt the service was well-managed. One person commented, "It seems to be efficiently run from the office. They do a good job of organising everything. There's always someone you can speak to."
• The managers and staff were also keen to promote person-centred care within the wider community. The provider told us the service had been featured on a local TV news programme. A TV crew had observed their staff for a day to document 'a day in the life of a care worker' to promote social care in the local area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:
• Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities.
• Staff worked effectively as a team. Staff told us they could rely on each other and communication between staff at all levels was good. One person commented, "We work together as a team. Commination is good. We call the office if there is something that can't be solved. They're a fabulous company to work for."
• The registered managers and senior staff monitored the quality of the service and took action when issues were identified. A range of checks were completed on the quality of the service provided. For example, senior staff checked medication administration records were correctly completed and the registered managers completed audits of accidents and incidents, falls, complaints and compliments and any medicines related issues that had been observed. This supported the service to identify any common themes or trends and make improvements to the service in these areas.
• The systems and processes used by the service had not identified the issues we found with the recording of medicines support or the assessment of risk (see the key question of safe for further information). The quality assurance system therefore required improvement to ensure the service complied with all legal obligations.
• The registered managers explained a new staff role had been created which would have an emphasis on quality assurance. Part of this role was going to include auditing the quality of care plans and risk

assessments in place across the service. They felt this would support the service to drive improvements in this area once the role commenced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People who used the service, their relatives and staff were provided with regular opportunities to provide feedback about the service. This feedback was used to improve people's experience of receiving care and to make improvements to the service.
• Feedback was gathered in a variety of ways, for example through staff meetings, staff supervisions and observations, visits to people's homes and via questionnaires.
• Staff told us if they raised concerns or ideas about the service these were acted upon by the management.

Working in partnership with others:
• The registered managers had developed links with other organisations which supported the service to work in partnership with others. The service had received compliments from other organisations and community health professionals. We received positive feedback about this service from one of their commissioners who commented they were an "extremely effective provider".

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operating effectively to ensure compliance with the regulation.