

Seaars Care Ltd

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Inspection report

22-25
Portman Close
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11 May 2022
12 May 2022
13 May 2022

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22 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sears Care is a domiciliary care agency. The service provides personal care to older people and younger people with physical disabilities. At the time of our inspection there were three people using the service.

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

People spoke of being treated with politeness and respect by their care workers. People told us they benefitted from receiving consistent support by a regular care worker and had built positive relationships with them and the registered manager.

The service effectively assessed risks to people's wellbeing and had suitable systems in place to mitigate and monitor these. Staff were recruited safely with enough care workers to meet people's needs.

Care workers told us they felt well supported in their roles and staff received induction and training to help them to develop the right skills for their roles. The registered manager carried out spot checks and observations of staff and engaged positively with people and their families to check care was delivered to a good standard and to address any concerns or complaints about the service. People told they could always reach the registered manager if they had concerns or if they needed a change to their service.

Plans were detailed about people's needs and desired outcomes for their care and care workers demonstrated how they delivered care in line with people's wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The agency had not been operating for long and continued to develop systems and processes to monitor and assess the quality of people's care. Aspects of audit and monitoring were suitable for the current operations of the service and the provider understood how these needed to develop in future. We have made a recommendation about how the provider assesses people's communication needs to ensure written information is given to people in a format suitable for them.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 4 March 2021 and this was the first inspection.

Why we inspected

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

Follow up

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sears Care Ltd

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service, including recent contact with the service, their registration details and information held at Companies House. 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 of this information to plan our inspection.

During the inspection

Inspection activity started on 11 May and ended on 13 May 2022. We visited the location's office on 12 May 2022.

We spoke with the registered manager and looked at records of care and support for three people who used the service. We reviewed records of recruitment, training and supervision for three care workers and records relating to the management of the service.

After the inspection

We made calls to one person who used the service, two family members and two care workers. We reviewed further records we had requested from the provider such as 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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from abuse. The provider had appropriate processes to respond to and report suspected abuse. This included setting out clear responsibilities for when concerns needed to be reported by the registered manager.
- Staff had the right skills to detect and respond to abuse. Care workers had training in safeguarding adults and the registered manager used supervision to check staff were able to describe different types of abuse and the reporting process. A care worker told us "I would talk to [the registered manager] if there is something to be worried about, I think she would take it seriously; she would not compromise on safeguarding."

Assessing risk, safety monitoring and management

- The provider identified risks to people's wellbeing and had suitable mitigation plans in place to manage risks to people. This included assessing risks to people from health issues and skin integrity and those relating to people's living environments.
- People were protected from falls and unsafe moving and handling. The provider had appropriate moving and handling plans in place for people which assessed the support people required to make transfers and the staffing levels and equipment required to ensure this was safe. These included taking advice from appropriate professionals such as occupational therapists and instructing staff not to carry out particular tasks until a suitable review could take place.
- The provider also had systems for assessing and ensuring the competency of staff to carry out higher risk moving and handling tasks such as operating hoists, but had not had cause to use these at the time of the inspection.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People had suitable numbers of care workers trained to work with them and this included ensuring there were backup staff in the event the main care worker could not attend.
- The provider carried out suitable pre-employment checks to ensure staff were suitable for their roles. The provider had obtained evidence of people's identification, full work histories, references and verified people had the right to work in the UK. Staff also had checks with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of the inspection the provider had not been supporting people with medicines administration.

There were suitable processes to ensure that this could be done safely in future if needed.

- There were processes in place for staff to be able to administer medicines. Care workers had training in managing medicines and were required to undertake competency checks before they could administer these. The provider had assessed people's medicines needs and determined the support people needed to order, store and take their medicines. This included checking who was responsible for carrying out these tasks if the person was unable to do so themselves.

Preventing and controlling infection

- People were protected from infection, including those relating to COVID-19. People told us that their care workers wore appropriate protective personal equipment (PPE) when providing care. A care worker told us "We always have PPE, and we are expected to use them at all times."
- Care workers received training in infection control and the provider ensured that testing for COVID-19 was carried out in line with national requirements.

Learning lessons when things go wrong

- The provider had suitable processes for responding when things had gone wrong, such as when incidents, near misses and accidents had occurred. This included recording the incident, reporting to appropriate parties and reviewing risk management plans as needed. There had not any incidents recorded since the service had started providing care.

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. We have rated this key question good. This meant 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

- The provider carried out suitable assessments of people's needs and choices which were used to plan their care. Assessments were comprehensive in their scope and covered all areas of people's daily living skills, identifying what people could do for themselves and the level of support they required.
- The provider assessed people's choices about their care, including their desired outcomes for each visit and how they wanted to receive their care. There was detailed information about how people could be supported to make choices about their daily lives.

Staff support, training, skills and experience

- The provider ensured that staff had the right training and skills to carry out their roles. Staff received a full induction when they started work. A care worker told us "I didn't have much experience of care; it was helpful and gave me direction." The provider had assessed what training care workers required and maintained systems to ensure this was up to date.
- There were suitable systems to check staff skills and competency. Care workers underwent an assessment of their knowledge as part of their induction and supervision was used to check care worker's understanding of key areas such as safeguarding and responding to incidents and accidents. There were systems in place to check staff competency, including moving and handling and managing medicines safely.

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

- People were supported to eat and drink well. The service assessed the levels of support people required to eat and drink and people's preferences and cultural needs. Where people required support this formed part of the plan for each visit people received. Plans also identified who was responsible for preparing and serving meals.
- Care workers ensured that people ate and drank enough. In most cases care workers were not directly providing support with food but checked that people had had meals and offered support as necessary.

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

- The provider assessed people's health needs, obtaining a detailed recent medical history and how changes in people's conditions could impact on their daily support needs. The service identified which health professionals were involved in people's care and who was responsible for supporting them to engage, including attending appointments.
- The service worked with other agencies to provide effective care. This included building links with other teams such as palliative care nurses and local health teams and informing teams of changes in people's

health needs and wellbeing. The service used assessments from other professionals such as hospital discharge information and occupational therapy to review and plan people's care.

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 MCA 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.

- The provider was working in line with the MCA. The service determined whether people were able to consent to their care and had obtained evidence of people's agreement to their care. There were suitable processes for assessing people's capacity to make particular decisions for themselves. Staff had received training in their responsibilities under the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question 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

- People were well treated. Comments from people included "I'm very happy with them, the care people are very charming" and "I think [the care worker] treats [my family member] with politeness and respect."
- People's care plans were person centred. The provider spoke with people and recorded detailed information about their family lives, life stories and living situations and what was important to them. Care plans included information about people's religious and cultural needs and the support people needed to meet these needs and information about people's sexuality and how best to support them with this.
- People consistently received care from the same staff, which allowed them to build relationships. One person told us "We sit and talk and discuss the world at large and discuss our families" and a family member told us "[my relative] has the same person most of the time."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A person using the service told us "Anything I ask her to do, she does...you have to say what you want at the beginning but it's fine." A family member told us "The people are friendly, [my relative] is able to speak to them and they are thinking of her particular needs rather than one size fits all."
- People were involved in making decisions about their care. Care plans contained detailed information about people's goals and their preferences for their care. There was detailed information about what people wanted to do for themselves and what they needed help with, and records of care demonstrated that this was respected. A care worker told us "The person I'm working with doesn't want you to do it for [him/her], we encourage the client to do things for themselves and not to take their dignity from them."
- The provider recorded people's wishes for the future. This included capturing information about what people wanted to happen in the event the health needs changed and if their conditions deteriorated.

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. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care was planned in a personalised way. People told us they were involved in discussions about their care. Care plans included detailed information about what people wanted to be done on each visit and how best to engage people in conversations about their care.
- Care workers responded to people's changing needs. This included checking with people that they already carried out their care and prepared their own meals and discussing with people what they wanted to be done. Records showed how visits were planned around how the person was feeling that day, with support offered in a different way if people were feeling unwell and care workers engaged with people to check and record their wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had assessed people's communication needs. This included checking whether people needed support to use glasses or hearing aids and information on how best to communicate with people verbally.
- People received information in a format applicable to them. There was not a clear framework for assessing when people may need alternative forms of written communication in future and what forms these may take.

We recommend the provider take advice from a reputable source to ensure they can meet the AIS for people with varied communication needs.

Improving care quality in response to complaints or concerns

- People knew how to complain about the service. A person told us "[the registered manager] is at the end of a phone if I need her, we try to resolve various issues but it seems we have an agreement." A family member told us of a current disagreement they had with the service and told us "I think [the registered manager] has taken this on board, we are able to be open and I think we can resolve this."
- The provider had a clear framework for addressing and responding to complaints.

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. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider engaged positively with people who used the service and their families. A family member told us "[the registered manager] is very proactive at getting back to me. People spoke of being able to contact the registered manager whenever they needed to do discuss any issues of concern.
- The provider carried out surveys to ensure that people were able to give feedback about the service. The service had not been operating for long and therefore had only done this one, but the provider told us they intended to continue this in future.
- Staff members spoke of a positive culture in the service. Comments from care workers included "We had a briefing from [the registered manager] and discuss how the clients needs can be met. It wasn't something that was done in a rush" and "She is very quick in responding to things, you drop a message and she calls you back."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 operated a system of spot checks to ensure that care workers delivered high quality care. This included visiting people in their homes and carrying observations of key areas of practice such as infection control and communication.
- Certain systems of audit and review had not yet been fully implemented due to the short period of time the service had been operating. Care notes were of a suitable quality but there was not a detailed process for reviewing and monitoring their quality in future. Similarly, care plans at this time met people's needs, but the provider was yet to implement a process for reviewing and auditing their suitability in future.
- There were suitable systems for auditing requirements relating to staff. This included recording and monitoring staff training and ensuring that appropriate pre-employment checks had been carried out before staff started work. At this time the provider relied on informal processes to ensure that staff arrived on time, but there was a risk that this system may not be sufficient in the event the service grew substantially in future. The provider told us they would consider implementing electronic monitoring systems in future.

Continuous learning and improving care; Working in partnership with others

- The provider had suitable systems to work in partnership with others. This included making sure they were aware which other agencies were involved in a persons care such as nursing teams, physiotherapists and

hospice teams. The service shared information with other teams as required and used information they received to plan and deliver people's care safely and effectively.

- The service had a culture of learning and improvement. The provider demonstrated a range of new systems that they had implemented in setting up the agency such as care planning and assessment systems and outlined their plans to continue developing these systems as the service became established. There was not a formal process for an overall audit of the system or a long-term action plan for developing the service.