

Savannah Care Limited

Savannah Care Limited

Inspection report

38 Stafford Road
Wallington
Sutton
Surrey
SM6 9AA

Tel: 07916304749

Website: www.savannahcarelimited.co.uk

Date of inspection visit:

13 June 2019

18 June 2019

Date of publication:

29 July 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Savannah Care is a service which provides support to people in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were six people receiving personal care.

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

People felt safe and were supported by staff who knew how to protect them from abuse and avoidable harm. People received their medicines when they were due. People were protected from the risk and spread of infection.

Staff arrived for pre-arranged visits on time and stayed for the length of time agreed. People were supported by the right number of staff to meet their needs. People were supported by staff who were well trained and received performance reviews.

Staff followed the recommendations of external healthcare professionals to help people maintain their health. People were supported eat the meals of their choice and to have enough to eat and drink. The registered manager worked well with people's GP, families and the local authority.

People's needs were assessed and they received care which met their needs. People were satisfied with the quality of care they received. Staff were kind and caring and treated people with respect. They 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 registered manager and staff understood the responsibilities of their role. There were systems in place to obtain people's views and people knew how to make a complaint. There were appropriate systems in place to assess and monitor the quality of care people received but these were not consistently used or well-organised.

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

Rating at last inspection and update

The last rating for this service was requires improvement and there were two breaches of regulations. The last inspection report was published in July 2018. Following the inspection, the provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We inspected Savannah Care on 13 and 18 June 2019. This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Savannah 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

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 houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The registered manager was given 48 hours' notice of the first day of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. The registered manager was given 24 hours' notice of the second day of the inspection.

Inspection activity started on 13 June 2019 and ended on 18 June 2019. We attended the service's office on both days of the inspection.

What we did: before the inspection

We looked at information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, we looked at five people's care records and three staff files as well as

records relating to quality assurance and management of the service.

After the inspection

We spoke with three people, two relatives and two staff members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's care was planned to limit the risk of avoidable harm.
- The risks associated with people's health, mobility and their environment were recorded and staff had guidance on how to manage the risks identified.
- Staff knew the individual risks people faced and how to manage these risks safely and effectively.
- People's risk assessments and risk management plans were reviewed and updated following an accident, incident or change of circumstances.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe receiving support from Savannah Care staff. Relatives were confident that people were safe.
- Staff had been trained in how to protect people from abuse. They spoke knowledgably about how to recognise the signs of abuse and how to report any concerns.
- Staff understood their responsibility to record and report accidents and incidents.
- When things went wrong the registered manager investigated and took action to help prevent the incident happening again, including meeting with staff to advise on best practice and changing policy and procedure.
- Following an accident or incident, the registered manager submitted relevant notifications to the CQC as required by law.

Using medicines safely

- Staff responsible for giving people their medicines had been trained to do so safely.
- People's care plans contained information on the medicines they had been prescribed and whether staff or a relative was responsible for giving the medicine.
- Staff kept records of the medicines they gave to people. People told us and the records we looked at confirmed that people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Staff had been trained in infection control and food hygiene. They were aware of their responsibility in relation to infection control and good hygiene in food preparation.
- The provider made sure that staff had enough personal protective equipment (PPE) such as gloves and aprons. People told us that staff always wore PPE when supporting them and disposed of clinical waste safely.

Staffing and recruitment

- Staff had been recruited using safe recruitment practices to make sure that only applicants suitable for their role were employed.
- Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
- People told us there were sufficient staff to support them safely and meet their needs. Staff arrived on time for scheduled visits and stayed for the time allotted.
- The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or other unplanned event.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This means that 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

At our last inspection we found instances where people's needs were not assessed prior to or promptly after they started to use the service. Although there was not sufficient evidence for this to amount to a breach of the regulations, we found that the assessment process needed to be more robust and required improvement.

At this inspection we found enough improvement had been made.

- The registered manager carried out an assessment of people's needs before they began to use the service.
- These assessments and information received from the local authority formed the basis of people's care plans.
- Care plans were designed to maintain people's health and achieve effective outcomes for the people. For example, records demonstrated that care was planned in accordance with national guidance for preventing pressure sores.

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.

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.

- Staff understood their responsibilities in relation to the MCA.
- Everybody using the service had the capacity to make their own decisions regarding their care.
- People were fully in control of their lives and made their own decisions about their care and the way it was provided.

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

- People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP or district nurse.
- People were supported by experienced staff who were able to identify changes in people's health conditions. Staff and the registered manager liaised well with people's GP and care manager.
- Outcomes from people's healthcare appointments were noted and shared with their care workers so that they were aware of any changes or updates to the support people needed.
- Staff followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

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

- People were satisfied with the meals prepared by staff. One person told us, "They ask me what I want and then they prepare it for me. They give me what I want and it's very nice."
- Staff supported people to eat and drink enough to avoid malnutrition and dehydration where the service was responsible for this.
- Staff encouraged people to eat a balanced diet. The meals prepared by staff were based on people's specific preferences and choices. One person told us, "They prepare my breakfast the way I like."

Staff support: induction, training, skills and experience

- People were confident staff had the training and experience to support them safely and effectively. They commented, "They do their job well" and "They seem experienced and to be trained."
- Staff received an induction, relevant training, supervision and appraisal.
- Staff had the opportunity to obtain further qualifications relevant to their role.
- Staff felt supported in their role and able to approach the registered manager for guidance. A staff member commented, "We get our rota in good time and if there's any problem we can call the manager."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind and caring. They commented, "They are really nice. I've no complaints" and "The girls are lovely." Relatives were also complimentary about the staff and the quality of care their family members received.
- Staff had formed meaningful relationships with people. One relative told us, "[The person's] carer is very good. [The person] gets on really well with her. She makes time to have a chat and [the person] enjoys that." Another relative told us, " They do a fair job and [the person] is happy."
- Staff spoke to us about people in a caring and respectful manner. They had a positive attitude to their work and enjoyed working for the service. One staff member told us, "I like helping the people I support and I think it's a good company to work for."
- Staff respected people's wishes and privacy. Staff were able to describe how they maintained people's privacy and dignity by for example, not unnecessarily exposing people while they were being supported with their personal care. A relative told us, "They are friendly but respectful at the same time."
- Staff understood the importance of equality and valuing diversity. People who preferred their care to be provided by staff of a particular gender had their wishes respected.
- People's independence was encouraged. Care plans stated what people were able to do without assistance and staff encouraged them to do as much as they were able. People's mobility was assessed to ensure they had the most appropriate equipment and adaptations to maintain their independence.

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

- Care was planned to make sure that people made decisions about their care. People were involved in the care planning process. Care plans recorded people's views and how they wanted to be supported. This included information about their routines and the time they preferred staff to visit to provide support and how they preferred the support to be provided.
- People also made day-to-day decisions about their care such as what they wanted wear and to eat.
- People and their relatives had the opportunity to express their views during daily routine interactions with staff and during spot checks conducted by the registered manager.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At our last inspection, the provider had failed to plan personalised care for every person using the service. Although this issue did not amount to a breach of the regulations, it was an area which required improvement. At this inspection we found enough improvement had been made.

- Every person using the service had a care plan which reflected their preferences and routines. People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided. This helped staff to provide personalised care which met people's needs.
- People were satisfied with the quality of care they received, They told us, "I am happy with my carers", "I have no complaints. They help me as much as I need it" and "They're pretty good."

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 (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.

- We saw the provider was adhering to the AIS principles. The provider recorded details of any communication impairments and people's preferred method of communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people details of how to raise a concern and how they could expect this to be dealt with.
- People and their relatives told us they knew how to raise a complaint and felt their views would be listened to.
- The registered manager kept a record of complaints and conducted reviews of concerns to check for any themes or repeated concerns.
- The registered manager changed policy and procedures in response to complaints to improve people's experience of receiving care. For example, in response to complaints that staff were not arriving on time or staying for the time allotted, the registered manager had changed the electronic recording system as a way of monitoring staff attendance more effectively. This had helped to improve staff punctuality.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remains requires improvement. This meant that although the provider and the culture they created supported the delivery of high-quality, person-centred care, some aspects of the management of the service and leadership were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the systems in place to assess and monitor the quality of care people received were not as effective as required This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvement had been made and the provider was no longer in breach of regulation 17. However, there was still some inconsistency in the way the service was managed.

- The registered manager carried out spot checks to observe staff at work and to get people's feedback. However, some of these spot checks were recorded whilst others were not. The registered manager could not explain this inconsistency.
- We asked to see a variety of records. People's care plans and staff files were promptly located and up to date. However, when we asked to see four people's completed records of care and medicine administration records, the registered manager had difficulty finding all the records. This was because there was not an effective filing and archiving system in place.
- Although these inconsistencies had not impacted people, there are instances when external organisations such as safeguarding boards will require information about the care provided to a person. The provider's record keeping and filing systems were not sufficiently robust to guarantee that any information requested about people would be promptly located.
- The registered manager had recently recruited an additional member of staff whose prime role was to assist with administration. We will continue to monitor, and check that improvements have been made at the next inspection.
- The registered manager and staff fully understood their role and responsibility to protect people from harm and provide high quality care.
- The registered manager assessed the risks relating to the health, safety and welfare of people; these risks were well managed.
- The registered manager had notified the CQC of significant events that happened in the service in a timely way. This meant we were able to monitor events at the service and check that the provider took appropriate action when necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager understood the importance of involving people and their relatives in the care planning process as an aid to providing personalised care.
- People's care plans were person-centred and contained information about their personal history, likes and dislikes.
- The registered manager had a good understanding of what was required to meet the regulations.
- The registered manager and staff understood their responsibility to be open and transparent when accidents or incidents occurred. A staff member told us, "There's no point trying to hide it if something happens. I would report it straightaway to protect the person involved and me. We can only learn from our mistakes."
- Staff felt comfortable approaching the registered manager for guidance and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People were involved in making decisions about their care and when necessary were supported by staff and relatives to do so.
- The registered manager was in regular contact with staff providing them with support and sharing guidance on best practice. A staff member told us, "We're a small team so we support each other and we're in regular contact. The manager updates us on what's going on with the people we're supporting and the local authority."
- The registered manager had established good working relationships with people's relatives, outside organisations such as a local authority and other professionals involved in the people's care. This helped people to receive consistent, personalised care.