

Saffron Support Ltd

# Saffron Support

## Inspection report

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### 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

Saffron Support is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 42 people were using the service.

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

People were very positive about the support the service provided. They received care from regular, reliable and caring staff.

People were safeguarded from harm as systems were in place to protect them. Risks to people were assessed and monitored. Medicine practices showed people received their medicines as prescribed. Staff carried out infection prevention and control measures to minimise the risk of infection. Lessons had been learnt and improvements made as a result. Staff had been safely recruited with all checks undertaken.

Assessment processes were person centred and people's care needs had been recorded. Staff received induction, training and supervision to carry out their role. People were supported with eating and drinking. The service worked well in partnership with other professionals to ensure that people received the health care support they needed.

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.

Staff were very caring and kind and treated people with dignity and respect. People were supported to express their views and be actively involved in making decisions about their care and support.

People received personalised care that was responsive to their individual needs. Concerns and complaints were listened and responded to and used to improve the quality of care. People who were at the end of their life and their families received care and support from staff who were sensitive, compassionate and attentive.

The service had a clear vision for providing high quality care. Quality assurance systems had been developed to monitor the service and were very well managed. People were engaged and involved; the service continuously learnt and improved as it grew and worked in partnership with other services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 14 August 2019 and this is the first inspection.

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### 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?

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.

# Saffron Support

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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

We gave the service 48 hours' notice of the inspection visit. This was because it was a small service and we needed to be sure that the provider or manager would be available to support the inspection visit.

Inspection activity started on 16 December 2020 and ended on 14 January 2021. We visited the office location on 13 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service which included policy and procedures, training, induction and spot checks, lessons learnt, infection control practices and quality audits. A provider

information return had not been requested for this inspection as this process had been suspended due to the pandemic. 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. All the information we received, helped us to plan and undertake our inspection.

#### During the inspection

We spoke with six people and their relatives, two staff members and two health professionals. On the visit to the office, we spoke with the registered manager and nominated individual who were the owners and joint managers of the company. We also received views about the service from a further five staff, two relatives and two health professionals. At the office we reviewed records including six care plans and risk assessments, three staff recruitment files, daily notes and a range of systems to manage the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for this newly registered service. The key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their family members had no concerns regarding the safety of the service. They felt safe with the staff who supported them. One person said, "I could not feel any safer."
- Staff told us they had received training on safeguarding. They were able to describe how they would keep people safe and what they would do if they had concerns.
- Records showed that concerns were escalated to the local authority and dealt with appropriately. We saw action had been taken to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified and recorded. These had been discussed with them during the assessment of their needs. These included mobility, risk of falls, medicines, dealing with money and the home environment. One family member told us, "The manager made detailed enquiries about my [relative] and their needs, listened attentively, met with them and looked around their home to familiarise themselves fully with it."
- Staff were aware of the risks around people's safety and how to support them to remain independent in their own home. One staff member said, "People's risk assessments are updated all the time. I read it before going to the person, so I know if anything has changed."
- Where there were changes to people's health and wellbeing, referrals were made to other professionals such as GPs or occupational therapy for their input, in liaison with the family. One health professional said, "We work very closely with Saffron Support. If a person needs our support, they will not hesitate to contact us, so people get the support they need quickly."

Staffing and recruitment

- People told us they received care from regular staff who were reliable and had got to know them well. One person told us, "Even over Christmas when you expect them to struggle, all was in place and I was never let down."
- Staff told us there was enough staff to provide safe care and visits were scheduled to ensure they had enough time with people. One staff member said, "We are never rushed and give everyone our full attention."
- There was a clear process in place to recruit staff and the registered manager carried out the required checks to ensure staff were suitable to work with people in their own homes. This included identification, references, and checks to ensure they were not prohibited from working with people.

Using medicines safely

- People were supported by staff who were trained to administer medicines. One family member said, "The agency has good procedures to check that correct medicines are administered and have quickly picked it up if there was an issue."
- Risk assessments were undertaken where risks around medicines were identified.
- Staff had their competency to administer medicines checked on a regular basis to ensure their practice was safe. One staff member said, "Medicine training is ongoing on e-learning and I have been checked by the manager. I feel confident to administer people's medicines."
- Medicine administration records (MAR) identified the medicines that people were prescribed and how and when they should be taken.
- Medicine audits were undertaken, and the manager reviewed the MAR to check for missed signatures or other anomalies. Issues identified were followed up with individual staff members.

#### Preventing and controlling infection

- Staff had enough PPE to keep them and the people they supported safe. Spot checks were undertaken to check staff were using PPE correctly.
- People and relatives told us staff wore the correct personal protective equipment (PPE) such as gloves, aprons and masks when providing care. One family member said, "I feel very safe that they know what they should be doing. [Staff member] always wears a mask and apron, and wash their hands before putting new gloves on."
- We were assured that the provider's infection prevention and control policy was up to date and in line with government guidance.
- Staff had undertaken infection control training and were clear about hygiene measures to prevent the spread of COVID 19. One staff member said, "As well as completing our e-learning, the manager texts the latest infection control updates. They also check constantly that we are keeping to the guidance."
- Staff testing was being carried out following Government guidelines.

#### Learning lessons when things go wrong

- As a new service, the provider was changing and adapting systems and processes to improve the service as they found if things worked effectively or not. The registered manager told us, "To start with we had T-shirts for all staff, but they informed us they found it hard not having pockets for their possessions such as keys, phone and hand sanitiser so have now purchased tunics which are much better." Also, "We had teething troubles with recording people's medicines. We worked with staff to resolve the issues so that they could access and sign the e-MAR charts when people had received their medicines. This makes it so much safer."



# 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 for this newly registered service. This key question has been rated 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

- People's needs were assessed before they started to use the service. This was done in conjunction with them and their family. This information formed the basis of their care plan.
- Care was planned and delivered in line with the requirements. The registered manager utilised a range of organisations to keep themselves abreast of good practice guidance.

Staff support: induction, training, skills and experience

- People were cared for by staff who were fully trained, supervised and supported. One family member said, "We realised that [name of person] was not well. However, it was the staff member who, immediately recognised the signs and rang 111. [Name of person] went straight to hospital and were operated on with success. If it hadn't been for their knowledge and skill, it would all be very different now."
- Staff completed an induction before starting work. The induction included online training, shadowing colleagues and ongoing supportive discussions with the manager.
- All staff spoke positively about the induction process and the levels of support provided. They confirmed they had received supervision, competency assessments and spot checks before and after completing their induction. One health professional said, "The staff appear well trained for the duties they are performing."
- Staff had completed all training relevant to the role including specialist training in continence and end of life care. Moving and handling practical training was done by shadowing and learning people's individual needs. Staff confirmed they were competent at using equipment and this was checked during their supervision.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care plan.
- Staff recorded in people's daily records what they had eaten and drank so that this could be monitored.
- Where there were concerns about people's weight or diet, these would be discussed with the person and/or their family and appropriate monitoring put in place.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed people's health and wellbeing was monitored. Where people's needs changed, the family were informed and referrals to health and social care services, such as GPs and occupational therapists (OT) were made. One person told us, "At my first assessment, [manager's name] got me sorted. Before I knew it, the OT got in touch, and next day equipment appeared. Saffron Support have opened so many doors to me and restored my faith in human nature."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain their health, lifestyle and independence.
- People and family members had confidence in the staff to communicate changes or concerns about their health. One person said, "Anything I am worried about I ask their advice. I know they will help me out and point me in the right direction." One health care professional told us, "Through the effective communication of Saffron Support, people receive a holistic, person centred approach as we all work together in achieving the same goals."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in their day to day lives. Care plans were personalised and set out how staff should support people, how people made their views known and any wishes and preferences. One staff member said, "The training helped me look after people with Dementia." Another said, "I support people by using communication skills and trying to see the situation from their point of view. You can help them overcome their fears and together make the best decision possible for their care."

# 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 for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were overwhelmingly positive about the service and the levels of support provided. One person told us, "Their sense of humour and sensitivity are slowly helping to bring my confidence back and feel less embarrassed. They help sort me out without judging or anything." One family member said, "I have found the staff excellent. I can leave [relative] and know they can deal with anything." Another said, "A breath of fresh air when they come in and really cheer me up, superb. I have an open hotline to [manager's name] if I have worries about [relative]."
- People's care plans contained information about their life and family history which helped staff get to know the person they supported and what was important to them. Staff wrote about people in a very respectful and clear way. Issues raised by staff which required further action were followed up.

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

- People told us they were involved in decisions about how they were supported. One family member told us, "The staff who visit my [relative] are all very caring. They spend the time to see what they need and how they are. They communicate well with me and between each other if they have any concerns." Another said, "Everything we had discussed was on the notes brought by the staff member on their first visit to my [relative] and everything we requested was carried out with patience and care."
- People's care plans were written in a dignified way and contained information about what people could do to retain their independence. They had also signed their consent regarding the sharing of information about them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff were respectful when supporting them with personal care and with their belongings. One family member said, "Can't praise them enough. Respectful of us, our property and our things." Another said, "They have been instrumental in helping my [relative] gain their independence and enjoy things again."
- Staff spoke of people in a very respectful, caring and kind way. One staff said, "I just love going to work, I see such lovely people and their families too." Another said, "I like to listen to the person and put into practice closing curtains and offering them independence regarding washing, dressing and eating during my call." Another said, "I am getting to know people, their likes/dislikes as well as their disposition. My interaction with them becomes clearer the stronger the relationship becomes."

# 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 for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support from a core team of care staff who knew their needs well. One person said, "Any problems or worries I have, day or night, I can ring them, and they advise me what to do. A lifeline for me." A family member said, "They are so flexible day to day and respond to [relative's] changing health by adapting their times to suit us." One health professional said, "They came on the scene promptly in a crisis. They kept the number of staff involved in the care to a minimum which helped the situation immensely."
- Care plans were detailed and informative. People's personal care, mental health, their circumstances and details of care provided were comprehensive and outlined their preferences for times and days. They were written in a very personalised way and staff knew how to support people as they wished.
- People's cultural and lifestyle choices were acknowledged and respected. Support was tailored accordingly to their needs and circumstances.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their family carers.

- Care plans included details of people's sensory and communication needs such as hearing and sight and speech. They had experience of assisting people to use alternative forms of communication including personalised symbol cards.
- The service was able to provide information in accessible formats as needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships and take part in social events and follow their interests. For example, people were supported to access the community, go to places of interest to them or to engage in hobbies inside and outside of their home. Family members told us the companionship service provided great benefits for them to have a break knowing their relative was safely cared for.

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints. The information provided to people about the complaints process was clear and accessible.
- People told us they had no cause to complain about the service but would be confident the registered manager would deal with any complaint they had appropriately. One person said, "Any query you have is

dealt with quickly."

#### End of life care and support

- People who were receiving palliative care were cared for in a compassionate and sensitive way. One family member said, "The staff always go the extra mile, in caring for [relative] but are also supportive of [relative] who is managing the physical and emotional impact of what has happened this year."
- People were supported at the end of their life to have a comfortable and dignified death. Compliments about the service included, "Thank you all for the care you gave [relative] and the support you gave me."
- Staff were trained and experienced at providing care to people during the last stages of their life. One staff member said, "I feel end of life care involves respecting the person's wishes and maintaining a calm, relaxing and comfortable passing."
- The service responded quickly to requests for help, completed assessments of need, liaised with health professionals regarding medicines and equipment and supported the family in a respectful and compassionate way. One health professional said, "The manager and staff go above and beyond to support people and their families in very stressful situations, going to people in the middle of the night to support relatives during this sad time."
- Managers and staff told us they felt privileged to be part of people's end of life care. One staff member said, "To be part of the family saying goodbye to a loved one, is very rewarding. It makes this job as good as it can be."

# 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 for this newly registered service. This key question has been rated 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; 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 managers were open, reflective, enthusiastic and passionate about providing a high-quality service to people.
- People, their families and staff were very complimentary about the management of the service. They said it was very well led, had a good ethos and was focussed on personalised care and clear outcomes for people. One person said, "Both the owners are so very helpful, caring and trustworthy." Another said, "Being with this agency has opened a lot of doors, [manager's names] are so positive and have a real 'can do' attitude."
- Effective systems and processes were in place to oversee the safe running of the service.

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

- Quality assurance systems were in place which explored the experience of people being supported and this information was used to monitor performance and help drive improvement. Care records, staffing and records of people's medicines were audited, and any shortfalls identified and escalated.
- The registered manager had a good system of learning from these and made changes to improve the service. For example, additional staff support to objectively review and update the care plans had been put in place to ensure there was a 'fresh pair of eyes' on this process.
- There were systems in place for the reporting of incidents and accidents which were monitored by the provider. Statutory notifications had been received showing the service notified CQC as required in law.
- Staff were positive about working for the service, felt included and part of a team. They received support, supervisions and spot checks and were well supported. One staff said, "I never thought I would love my job as much as I do, this is because [managers names] are so open, approachable and caring." Another said, "We are respected, treated equally and listened to. Everyone is valued."

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

- People and relatives told us how involved and included they were in the planning and delivery of their care. Every opportunity was taken to ask people about the quality of their care, through reviews, spot checks and surveys. Reviews included, "Saffron Support always go above and beyond what is required and make you feel that nothing is too much trouble. I truly feel they are like family" and, "The support given has been

excellent. All staff have shown empathy, patience and really show that they have [relative's] comfort and safety as a priority."

- The service worked in partnership with others and communicated effectively to ensure people's care and support was joined up and personalised. The views of health professionals were very complimentary about the service. One told us, "[Names of managers] have a wide range of skills, abilities and experience that is of great benefit to their staff who come across as caring and professional. These attributes will in turn benefit the people they care for."