

Say Care Limited

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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

This inspection took place between the 14 and 19 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we need to be sure that people would be available.

Say Care Limited provides personal care and support to people living in their own homes. At the time of the inspection the agency was providing a personal care service to 23 people with a variety of care needs, including people living with physical care needs and memory loss.

Say Care Limited had two registered managers in place who were also the owners of the company. The registered managers jointly shared the responsibility of the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback from people about the service. People who used the service expressed great satisfaction and spoke very highly of the staff and registered managers. All the people and family members we spoke to said they would recommend the service to others.

People and their families told us they felt safe and trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived were assessed and managed effectively.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits.

Staff were knowledgeable and received appropriate training to support people. They completed an induction programme and were appropriately supported in their work by the registered managers. Medicines were given safely by staff where required, who were suitably trained.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff knew the people they provided care to well and understood their physical and social needs. Staff were able to describe how to meet people's needs effectively. Staff supported people to access healthcare professionals when needed.

Staff, and the registered managers, knew how legislation designed to protect people's rights affected their work. They always asked for consent from people before providing care.

People and when appropriate their families were involved in discussions about their care planning and given the opportunity to provide feedback on the service. They were also supported to raise complaints should they wish to.

People and their families told us they felt the service was well-led and were positive about the registered managers who understood the responsibilities of their role. Staff were aware of the registered managers vision and values and how they related to their work.

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.

Staff had received training in safeguarding and knew how to report concerns.

Risks to people and their environments were assessed and plans put in place to minimise those risks.

Recruitment procedures were followed to ensure staff were safe to work with people. Staffing levels were sufficient to take account of people's needs.

There were safe medication administration systems in place and people received their medicines when required.

Is the service effective?

Good ●

The service was effective.

People received consistent care from staff they knew.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and were supported with eating and drinking where required.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People's dignity and privacy was respected at all times.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs.

People were pleased with the care and support provided by staff as it met their individual needs.

The registered managers sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the registered managers, who were approachable and supportive.

The registered managers values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

Say Care Limited

Detailed findings

Background to this inspection

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

This is the first inspection of the service as it was only registered in August 2015. The inspection was announced and conducted by one inspector between 14 and 19 July 2017. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with other information we held about the service and the service provider, including notifications about important events, which the provider is required to tell us about by law.

We also sent questionnaires to people, their families and staff. We received; seven responses from people who used the service; seven responses from staff who delivered the service and two responses from family members. We used these responses to help focus our inspection.

During the inspection we spoke with the two registered managers, the administrator for the service and one member of the care staff. We visited and spoke with four people in their homes, three family's members and a friend of a person who uses the service. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training, recruitment records, staff duty records, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us and indicated they felt safe. One person described the staff as, "Incredibly reliable" and went on to say, "They [staff] are nice, decent and trustworthy people who you don't mind having in your home". Another person told us, "The staff are wonderful, I feel very safe with them". A third person, who required the use of equipment to mobilise said, "I feel very safe when they [staff] use the equipment, I am very confident that the staff know how to use this properly". Family members also told us they did not have any concerns regarding their relative's safety. One family member said, "I don't worry about [my loved one] when I'm not here, I am very confident that they are safe with the staff".

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff knew how to identify, prevent and report abuse and all of the staff had received appropriate training in safeguarding. The staff member told us, "I would speak to [one of the registered managers] if I have any concerns, or would whistle blow if it came to it". The registered managers were able to explain the action they would take when a safeguarding concern was raised with them and records confirmed appropriate action had been taken.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; medicines, moving and handling, use of equipment, pressure injuries and skin conditions. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

People's home and environmental risk assessments had been completed by the registered managers to promote the safety of both the staff and people. As well as considering the immediate living environment of the person, including lighting, the condition of property, electrical items and security, risk assessments had been completed in relation to the safety of the location. For example, if lighting was poor or the home was in a rural area. The staff member was able to describe how they would keep people safe in their own home and what actions they would take if a risk in the home was identified. All risk assessments were reviewed annually or more frequently if needed.

Say Care Limited had a lone worker system in place to promote staff safety. This system relied on the person receiving care to alert the office staff or out of hours supervisor if the member of the care staff had not arrived at their care call within 15 minutes of the allotted call time. Say Care Limited had plans in place to further update this system to help ensure the safety of the staff.

The registered managers understood the importance of having safe and effective recruitment processes in place to help ensure that staff they recruited were suitable to work with the people they supported. Disclosure and Barring Service (DBS) checks were completed on all staff before they commenced work. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff files included application forms, records of interview and references. On viewing these records short gaps in employment history was noted. However, one of the registered managers was able to verbally demonstrate that these had been investigated and agreed to ensure that written evidence of

this would be included in all staff files in the future.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and the level of care they required. The registered managers told us new care packages were only accepted in certain locations on the Isle of Wight and then only if sufficient staff were available to support the person. This allowed people to receive consistent care at their chosen time.

On viewing staff rotas appropriate travel time had been allocated between calls. This meant that staff were able to get to care calls in a safe and unhurried way. None of the people or family members we spoke with reported that any of their care calls had been missed and all commented on the punctuality of the staff. People's comments included, "They [staff] are incredibly reliable, I have never been forgotten, they have never not turned up", "I know they will always come, I don't need to worry", "They always stick to the rota and are always on time" and "They are rarely late and if they are it is for a very good reason". Say care Limited had an 'on call system' in place to cover short notice staff absences. A supervisor or one of the registered managers was on call daily to cover any calls at short notice. This provided resilience to help make sure calls were not missed.

There were safe medication administration systems in place and people received their medicines when required. One person told us, "Staff remind me to take my medicines every night, they never forget". People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions. Staff received training, both face to face and through written workbooks, about how to support people with medicines. Before staff could support people to take their medicines one of the registered managers assessed their competence and offered further training if necessary.

Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine was required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had been completed correctly. MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. This helped to identify any missing entries, errors or trends and enabled the registered managers to take the appropriate action to support staff to help ensure errors do not reoccur. Safe systems were in place and followed by staff to support people who required prescribed topical creams.

The service had a business continuity plan in case of emergencies. Staff were aware of the procedures to follow in the event of flooding or the risk of severe weather such as, snow and ice. For example, staff were supported to get to the most vulnerable people who lived in rural locations in four wheel drive vehicles. The registered managers and supervisors were aware of the areas staff lived in and would allocate them to provide care to people who lived in their immediate area. This meant staff could walk if necessary to the most vulnerable people and that in the event of severe weather people and staff would not be placed at unnecessary risk.

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "I am very, very lucky to have these carers, they really know their duties and are on the ball. They are brilliant". Another person said, "They [staff, registered managers and administrator] are good in every way, I couldn't fault any of them. They are all brilliantly good". A family member told us, "In the years that we have had the service we have never had any concerns or issues. They provide exactly what we need".

People told us that they received consistent care from staff they knew and that they were always introduced to new staff before they were placed on their rota's to provide care. One person told us, "It's always the staff member I am expecting". Another person said, "They have never sent me a staff member I have never met, new staff will always visit first with the regular carer or the manager". Office staff produced a four weekly staff rota to record details of the times people required their visits and the staff that were allocated to them. These were then sent to the person so they knew who would be supporting them at each visit. People confirmed that care was provided as highlighted on the rotas. People also said staff completed all of the tasks that they should do during each visit and stayed for the required length of the call.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff or one of the registered managers who assessed their suitability to work on their own. This also enabled new staff and people to get to know each other to ensure compatibility. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments and complete all essential training. The registered manager told us that the length of the induction period usually lasted two weeks but would be extended if required.

People and their families described the staff as being well trained and said they were confident in the staff's abilities. One person said, "I know they [staff] are well trained even the new ones". Another person told us, "I have recently had a new carer, she is very good and knows what she is doing". A third person told said, "They [staff] all seem well trained". The training staff had received included; safeguarding, dementia awareness, the mental capacity act, health and safety, moving and handling and infection control. Staff understood the training they had received and how to apply it. For example, they explained how they would support a person to mobilise and support people with personal care while encouraging them to be independent. Some staff had completed specific training to better care for people with additional needs. For example, staff had recently received training in end of life care to allow effective care to be provided to people at the end of their lives.

The registered managers had a system in place to record the training that staff had completed and to identify when training needed to be repeated. On reviewing this system we saw that this may not always be robust in highlighting when training needed to be updated. The registered managers were aware of this and explained that Say Care Limited were currently reviewing training processes to ensure staff training was

updated in a timely manner.

Staff told us they felt well supported by the registered managers and that they could discuss any concerns or issues they had at any time. Of the seven staff who responded to the questionnaire surveys sent by the Care Quality Commission six staff said that they had received regular supervisions with one of the registered managers. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of the MCA and had an understanding of how this affected the care they provided. Proper procedures had been followed for when people were not able to make decisions about their care or support to ensure decisions made were in people's best interest. Staff described the process to follow if they were concerned a person was making decisions that were unsafe.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "They [staff] know what I need them to do but they will still always ask me first, before they do anything". Another person told us, "They always get my consent". Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "I would always get the persons consent before doing anything". They went on to say, "If a person declined their personal care support, I would talk to them about it; communication is key. If it was still refused I would let the office staff know and record it in their book".

Most of the people we spoke with said they or a relative prepared their meals. Those for whom staff prepared meals were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink. One person said, "The carers will always ask what I want to eat". Another person told us, "They [staff] will always make sure that I have a drink to hand before they go".

Care plans contained information about any special diets people required, about specific food preferences and staff were aware of people's dietary needs. Staff encouraged people to maintain a diet in line with their needs and their preferences. Where people were at risk of weight loss, were unwell or required specialist diets, we saw food and fluid charts were in place which monitored their intake. Where concerns were noted we saw that appropriate risk assessments were in place and health care professionals including Speech and Language Therapists, GPs and nurses were consulted appropriately and in a timely manner.

Staff understood and was aware of the health needs people had. People were supported to maintain good health and to access appropriate healthcare services when required. For example, on the day of the inspection we heard the administrator liaise with a local GP about a person who had additional healthcare needs. One person told us they had received support from the provider to obtain healthcare support when they were unwell and a second person described a time the staff remained with them when they were unwell until additional assistance arrived.

Is the service caring?

Our findings

People and their families could not praise the service enough and consistently told us about the excellent care provided by Say Care Limited. Staff were described as; kind, caring, happy and respectful. A person said, "The carers always seem happy in their work and nothing is too much trouble". A friend of a person who used the service told us, "They [staff] are lovely ladies, they are real morale boosters". Family members also said that they felt the staff was caring towards them as well as their loved ones and commented, "They will often do little extras" and "They will always check that I am alright as well as [my loved one]. Four of the people and relatives we spoke with described the service as "going above and beyond".

The service had received written thanks from relatives and people which praised the care that had been received. One written compliment from a person read, 'Thank you to you all for the care and kindness I receive everyday'. A family member had written, 'Thanks for everything you do for [loved one], you really are amazing. We are extremely grateful for the wonderful care'.

People were cared for with dignity and respect. A person told us, "They [staff] are always respectful". A family member said, "The carers always listen to us and will give [loved one] the time he needs. We never feel rushed". A staff member told us, "I always listen to what people want; communication is key". Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. One person said, "Oh yes, it is all discreet, they close the door and curtains and give me space".

People were encouraged to be as independent as possible. People who completed our survey all stated that, 'The support and care I receive helps me to be as independent as I can be'. People's care plans contained some information about what people could and couldn't do for themselves. The registered managers highlighted that the people they were currently supporting were able to tell staff what assistance was needed. Additionally, due to the consistency of the staff, they knew the people they were supporting well and the level of support each person needed. One person told us "They don't interfere, they let me do what I can and they respect my independence". Another person said, "The carers know what I need them to do and not do".

Staff understood the importance of respecting people's choice. A person said, "They [staff] will always give me a choice about what I wanted to eat and what care I need". Another person told us, "They [staff] always let me decide what is going to happen during the call. I feel in control". The registered managers, staff and administrator and were aware that some people may have gender preferences regarding who supported them with personal care. They said that where people had a preference they would always meet this. One person told us, "They asked me if I would prefer a male or female carer when I started with the agency". They went on to confirm that they had always received a staff member as requested.

Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage them but then record that care had not been provided and why. Care staff also said they would

inform the office staff. People confirmed that if they did not want an aspect of care provided then staff respected their decision and would assist them appropriately.

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the registered managers' office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs and were adaptable if their needs changed. One person said, "They [staff] will always act if I had a problem". Another person told us, "They [staff] will always check that I have everything I need before they leave".

The agency was able to respond to changes in the person's needs, even if these were unpredicted, such as ill health. One staff member told us, "If I needed to stay longer, I would just let the office know". People and their families all said that they were confident that staff would stay longer if required in an emergency or they were unwell. One person told us about a time recently when one of the registered managers had remained with them for two hours after their allocated call length while waiting for healthcare support. This person went on to say, "I told them they could go but they wanted to stay with me to make sure I was alright". A family member also told us about an occasion when their loved one fell and they needed help to get them up. They said that they contacted the agency who sent staff out straight away. A comment in the survey received stated, "The agency go out of their way to provide the care I need at the time I need it, e.g. some Saturdays, I use the bus to go out, they provide my care so that I am able to catch the bus. Some mornings my care is at a different time to others - all worked out by consultation".

People were assessed before their care started to ensure that their needs could be met appropriately and effectively. This allowed the person the opportunity to discuss any care preferences they had, such as times of calls and gender preferences of staff. One of the registered managers told us that they would often complete people's first care calls and then introduce new staff to them. This was to ensure that call length and times are appropriate, staff are aware of what is expected during the calls and that the people and staff are compatible. People's needs were reassessed regularly by the registered managers and people confirmed this happened. One of the registered managers also told us that, "If the person's needs change, then the carers are also re-assessed to ensure that they have had the relevant training to continue to meet the person's needs effectively".

People told us they received personalised care and support that met their individual needs. When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. People told us that they felt the staff understood their needs, were aware of their likes and dislikes and how they wished to receive care. One person said, "The carers help me with washing and dressing, they know what I need". Another person told us that the carers often talked with them about their [persons] hobbies and interests.

People's care plans contained guidance for staff about the support people required to manage their health and personal care needs. Care plans included information in relation to people's communication needs, personal care needs, health needs and dietary requirements. The amount of detail within these care plans was dependent on the person's abilities to communicate these needs themselves. This supported care staff to ensure that care could be provided in a person centred way.

Staff recorded the care and support they provided at each visit and a sample of the care records

demonstrated that care was delivered in line with people's care plans and people's wishes. Staff told us they were always informed about the needs of the people they cared for and could consult care plans, which were held in people's homes and the agency's office when required. Staff were kept up to date about any change in people's needs from the previous daily records, directly from the people and their families, and from the registered managers or office administrator.

People and where appropriate, their families were involved in regular discussions about care arrangements and care needs. People said staff consulted them about their care and how it was provided. One person told us "[Name of registered manager], will always visit and make sure that I am happy and getting what I need". All people who completed our survey told us, "I am involved in decision-making about my care and support needs". One comment in the survey stated, 'Say Care have been the best care provider I have been involved with. They have always involved us in my relative's care and decision making'.

People are encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. The provider sought feedback from people and their families on an informal basis when they met with them in their own homes, during review meetings or via telephone or email contact. One person said, "They [registered manager] always contacts or visits to see how things are going". People described the staff and providers as approachable and all said they were confident that any feedback they gave about the service would be acted upon.

The service had a policy in place to deal with complaints, which provided detailed information on the action people could take if they were not satisfied with the service being provided. People knew how to complain if they needed to and were provided with written information in relation to this, which was held within their care file. One person said, "I am totally comfortable in phoning the office if I have any concerns. I am certain they [named registered manager and administrator] would act. A family member said, "I can't ever see that there would be a need to complain, but if I did it wouldn't be a problem. They would always listen". No formal complaints had been received in the last 12 months. Both the registered managers were able to explain the action that would be taken to investigate a complaint if one was received.

Is the service well-led?

Our findings

People and their families could not praise the organisation and the running of the service enough. They all consistently told us about the exceptional support they received from the registered managers, administrator and the staff. People and their families comments included, "I will always be grateful to the person that recommended Say Care, it is most definitely the best agency around", "They [registered managers] are incredibly professional", "They [registered managers] are good, there is strength in the management, they are brilliant" and "They really know what they are doing". People and their families all knew the registered managers and the administrator by name and described them as professional, approachable, helpful and supportive.

People and their families all said they would recommend the service to another person who needed support. One person said, "I am very satisfied, I would definitely recommend the agency". Another person told us, "We couldn't expect any more from them; I would recommend the service without a doubt and I would have no hesitation". A third person told us that they had recommended Say Care Limited to other people twice in the week of the inspection.

There was a clear management structure, which consisted of two registered managers, who were also the owners of the company, care supervisors and personal assistants. Staff understood the role each person played within this structure and their responsibilities. The registered managers encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us, "[named registered managers] are always there for us when we need them. They listen and would act". All staff that responded to the staff survey agreed that they 'Would feel confident about reporting any concerns or poor practice to my managers'.

Say Care Limited's vision and values were built around respecting people as individuals and promoting their independence. One of the registered managers told us, "We want to make a difference to people's lives and enable them to stay at home, where they want to be". The other registered manager said, "We aim to help people, from all walks of life". Staff meetings were held every three months, these provided the opportunity for the registered managers to engage with staff and reinforce the service's values and vision. Staff demonstrated a clear understanding of the vision and values and the staff member we spoke with said, "It's about them [people], I hope we make a difference."

The registered managers were aware of, and kept under review, the day to day culture in the service, including the attitudes and behaviour of the staff. This was done through observations of care provision, working alongside staff, one to one meetings, spot checks and team meetings. When necessary the registered managers would also undertake a range of tasks, including providing direct care to people. This was done regularly to help ensure they kept up to date with issues that staff faced during their daily working tasks. The registered managers told us that they felt it is really important for staff to feel valued and part of a team. They said, "We are very proud of our staff, they never let us or our clients down". The registered managers kept up to date with best practice through regular training and reading relevant circulars and updates provided by trade and regulatory bodies.

There was an open and transparent culture within the service. The providers promoted a positive culture and had an 'open door' policy. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. Feedback from staff was sought on a regular basis, through one to one meetings; staff weekly office visits, which allowed staff time in the office to speak with the providers and administration staff; and team meetings. All the staff that responded to the CQC survey agreed with the statement 'My managers ask what I think about the service and take my views into account'.

There was an appropriate quality assurance process in place to monitor the quality of service being delivered and this aimed to continually improve the service provided. The daily care records and MAR sheets kept in people's homes were returned to the office monthly and these were reviewed by one of the registered managers or the office administrator in order to pick up any recording errors, missing entries and the quality of record keeping. Audits of each aspect of the service, including care planning, medicines and staff training were conducted regularly. These identified changes that needed to be made, which were then actioned promptly. There were processes in place to enable the provider to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

The registered managers were aware of their responsibilities and notified CQC of significant events and safeguarding concerns. This meant that they were aware of and had complied with the legal obligations attached to their role.