

Sarah Care Ltd

Sarah Care Limited

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

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered manager two days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered manager and staff.

People who used the service, their relatives, staff and other interested parties spoke positively about Sarah Care. Their comments included, "Everything's good, no problems," "We couldn't ask for better" and "So pleased we have this service."

People who used the service said they felt safe whilst receiving support and care from their care workers. People looked forward to when their care worker was visiting and told us, "They are like my own family."

Where people needed help and assistance to administer their medicines this was provided in a safe way. All staff were trained in how to administer medicines safely and people told us they always received their medicines at the appropriate times.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

There were enough staff employed to make sure all visits were carried out at the agreed time. The registered manager made sure full employment checks were completed for all staff before they were offered a position at the service.

Staff felt well supported by the registered manager and senior staff. They said they had regular meetings with their line manager's where they were given the opportunity to discuss their work and talk about how they could improve the quality of the service.

People said they had their own regular care worker's who knew them well and cared for them as agreed in their care plans. Each person's care plan was updated regularly and changes made where necessary.

People told us they could talk to any of the staff at Sarah Care. They said if they had any concerns or worries they were confident staff would listen to them and look at ways of resolving their issues.

There were effective systems in place to audit, monitor and improve the quality of the service provided.

Regular checks were undertaken to make sure safe procedures were adhered to. People who used the service, their relatives, staff and other interested parties had been asked their opinion via surveys. The results of these surveys identified any areas for improvement and feedback was given about any actions taken as a result of listening to people.

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.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were kept under review and up to date.

Senior staff made regular visits to people to check their care plans and ask if they were happy with the service.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff felt well supported by the registered manager and their line manager.

People were given an opportunity to give their views and opinions on the quality of the service.

The service had a full range of policies and procedures available to staff.

Sarah 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 checked 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.

We undertook an announced inspection of Sarah Care Domiciliary Care Agency (DCA) on 22 and 23 August 2016. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us and a monitoring report from the local authority.

At our last inspection in January 2014 the service was meeting the regulations inspected.

At the time of this inspection the agency was supporting approximately 166 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of one adult care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Twenty three people who used the services provided by Sarah Care Limited, who had previously agreed to be contacted by telephone to discuss their experiences, were telephoned between 18 and 19 August 2016 by the expert by experience. Not all of the people were able to be contacted or wished to discuss their service experience on the dates telephoned. Not all people answered every question.

On the 22 August we visited seven people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with four relatives who were living with or visiting people who used the service.

On 23 August we visited the agency office and spoke with the registered manager, and seven members of staff including care coordinators, a staff supervisor, team leaders, senior care workers and care workers. We also spoke with the training provider for the service and reviewed the records for five people who used the service, five staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. Nineteen people felt they were provided with a safe service, no one thought they were not safe. Their comments included, "Ok at the moment," "I feel totally safe," "There are no problems" and "I have no concerns about my safety."

Staff told us and we saw evidence they had received training in safeguarding vulnerable adults. A safeguarding policy and procedure was available and staff were required to read it as part of their initial induction. Staff were able to explain the different types of abuse people could be subjected to and were aware of their responsibilities to report any potential signs of abuse to their line manager.

We saw people had risk assessments in their care files. These included environmental risks and any risks due to the health and support needs of the person, for example, falls and choking. Risk assessments gave details of the measures required to reduce the risk to the person and to support staff to care for people safely. For example, one person needed assistance to be moved from the bed and into a chair. Staff had been trained to use the equipment needed to make this transfer comfortable and safe.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager or senior care coordinator so appropriate action could be taken. This included one incident where a person had been found on the floor. The care worker told us they had telephoned emergency services first and then called the office to inform them. The care worker said the office staff had "calmed them down" because they were upset by this and then told the care worker to stay with the person until emergency services arrived. Office staff had also covered the care worker's other visits so they were not worrying about other people who were expecting them to call.

There were sufficient numbers of staff available to ensure people always received their planned visit and to keep people safe. Eighteen of the nineteen people who we discussed this with were satisfied with the level of staffing that was provided to assist them. One person told us they had 11 different care workers in five days but when we checked this we found the person only had one visit every two weeks and it was always (unless they were on holiday) the same care worker that visited.

Some people who used the service required assistance to take their medicines. Ten people who discussed the issue of medication said they received assistance with their medication consistently and at the required time.

We found all staff were trained in the safe administration of medicines. We looked at Medication Administration Records (MAR) in people's homes. Staff had signed the MAR to confirm they had administered medicines to people and also recorded this in the person's log book. We saw some staff had used the code 'O' when they had not given a medicine but had not always recorded the reason for not giving the medicine. We pointed this out to the senior care coordinator who immediately sent a group text to all staff asking them to include a note to say what the 'O' code stood for. The staff supervisor and team leaders were also asked to carry out checks at clients homes so that action could be taken to rectify this.

The service had recruitment policies and procedures that the manager's of the service followed when employing new members of staff. We viewed five staff personnel files. They all contained an application form with full employment history details, job description, two references including one from the applicant's most recent employer, copies of certificates and ID, a photograph, interview records and a programme of induction.

The service had completed enhanced Disclosure and Barring Service (DBS) checks for all staff working at the service. This helped to protect people who were receiving a service. The registered manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received. The registered manager was aware that if a person's DBS check was returned unclear, the provider must carry out a risk assessment to show they had considered the results of the DBS check and all other information they had about the person before making the decision to employ the person or not. We saw evidence of this on one file we checked. The provider also applied for updated DBS checks for all employees every three years. This helped to keep people safe and assure the registered manager the staff employed were of good character.

We talked with people who used the service and their relatives about the control of infection. People told us, "I have no worries about the cleanliness of the staff, if I did I wouldn't let them into my home," "They're [staff] all conscious of making sure they don't pass on anything to me. They wear gloves all the time and aprons when needed," "I once raised an issue about the use of PPE (personal protective equipment) and it was sorted straight away. There's been no issues since" and "I'm really fussy about cleanliness and I watch them, they always wash their hands before they do anything. They are so much better at this than the last agency."

Staff spoken with told us they picked up PPE from the office base and kept supplies in their cars. They told us there was always plenty of PPE in stock and they weren't limited to how much they took. Staff said infection control was covered during their induction and training and the use of PPE was checked by the manager's when they carried out their spot checks.

Is the service effective?

Our findings

All people who were spoken to felt the staff were providing them with good care and support. One person said they had to complain about the quality of a member of staff three months ago, although the person they now had was "Excellent." People's comments included, "Excellent carer, cannot do too much for me," "Much better than another agency I used to use." "Cannot fault them" and "They're great people."

Relatives of people who used the service spoke very highly of the staff. They told us, "The staff arrive on time, do what they need to do and stay their allocated time. What more could we ask," "The staff know [name] very well and know how and what to do for them, it's great" and "I wouldn't change anything, everything is working just fine."

The provider employed a training provider to deliver a full programme of training to the staff. When staff were offered a job they firstly attended a five day training course held at the agency office. The training included classroom sessions and practical sessions. The training elements in the induction course included, Basic Life Support, Nutrition & Hydration, Health & Safety, Dementia and Equality & Diversity. On completion of the classroom training staff then completed a 'Care Certificate' workbook to evidence their knowledge. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

Following induction staff shadowed more experienced member's of staff. This gave them the opportunity to meet people who used the service and learn how to provide personalised care to people. Whilst out shadowing their seniors/team leaders completed the competency elements part to the 'Care Certificate' which cross referenced into their knowledge workbook.

In addition all staff were provided with yearly updates and refresher training in all mandatory subjects to further increase their skills and knowledge in how to support people with their care needs. Staff were also encouraged and supported to complete further NVQ training at a level appropriate to their job role.

Staff spoken with said they felt very well supported by the senior staff. There was a well organised system in place for all staff to receive formal one to one supervision with their line manager. Supervision was provided every three months and a yearly appraisal was also completed. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

The provider had employed a staff supervisor whose role was to carry out spot checks of staff whilst they were visiting people who used the service. Spot checks were completed every three months and also included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff we spoke with told us these checks were normally unannounced and they were given feedback after the checks about any action they needed to take to improve the service provided to people.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff were provided with training in MCA and DoLS and had a good understanding of this legislation. The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Sarah Care. We saw people had contributed to compiling their care plans and their wishes had been listened to and acted upon.

Some people we visited were supported to prepare meals. We saw evidence that staff had received training in food safety and were aware of safe food handling practices. People told us staff helped them to make sure their food was cooked properly and that they were able to eat without risk, for example, sitting up in the chair to help with swallowing. We saw one person had been left with two large glasses of juice by their side. They told us the staff always made sure they had enough "Drink to hand" in between their visits. One person told us, "We do it together then I sit down while they bring it to me. I enjoy what I have and the care worker is very clean. If she wasn't I wouldn't be able to eat it."

People who used the service, their relatives and staff all said communication between them and the office staff was good. Their comments included, "No problems talking with anyone at Sarah Care," "Always great to speak to," "Always listen to what I say," "Great to talk to" and "I ring them [office staff] often and always get a good response from them."

Eight people talked about the agency helping them get assistance from other health professionals. They all said the agency assisted them to get help when they required it. Comments included, "Nothing is too much trouble" and "If I am having problems, they phone my doctor for me"

People's care records included the contact details of their GP and other healthcare professionals involved in the person's care. This meant staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs.

Is the service caring?

Our findings

People spoken with said they got all the help and assistance they required from Sarah Care staff. People who used the service and their relatives spoke very fondly about their care workers. Their comments included, "Nothing is too much trouble," "They always go the extra mile," "Whatever help I need I get from [name]," "It doesn't matter who comes they are all so nice," "They do everything and then always ask if I want them to do anything else," "I would definitely recommend this service to others, it's the best," "We have a nice going on. They do whatever I ask or need" and "I've only recently started using this service and I'm very impressed. They are always on time and I can talk to them about my problems, they're like family."

We asked people if they thought the staff respected their privacy and dignity. Nineteen people spoken with felt they were treated with respect and that their privacy was respected by all Sarah Care staff. Their comments included, "I am always respected," "The staff all treat you with respect," "I always feel my privacy is respected by the staff at all times," "I have never had a problem with this aspect of my care," "I am asked if I want information shared with my son" and "They do not tell anything to my daughter unless I have said it is ok to tell them."

We asked people if they thought they were listened to. Eighteen of the nineteen people asked thought they were listened to. Seventeen of the eighteen felt they were listened to at all times. One person thought they were not listened to at first and one person did not think their care coordinator listened to what they were saying.

We asked people: Are you able to express your views? All nineteen people asked said they could express their views. We also asked: Do staff ask you your views and explain things before doing anything for you? All nineteen people said they were asked their views and everything was fully explained to them prior to assistance being provided. Their comments included, "They [staff] tell you everything," "I know exactly what is going to happen," "[Name] spends extra time making sure I know what is going to happen," "I am asked what I think" and "I can say what I think."

Eight people we spoke with told us their views were sought when care was being planned. People said, "I am listened to," "They ask me what I want," "My care is what I want" and "I get the care I need."

Our observations during the inspection were that staff treated people as equals, were very respectful and showed care and fondness towards the people who used the service. People who used the service and staff appeared very comfortable in each other's company and showed mutual respect for each other.

Is the service responsive?

Our findings

People who used the service told us staff were very responsive to their individual needs. People told us, "They [staff] always check they've done everything. They sometimes leave a few minutes early but likewise they also stay over sometimes so it works well. One thing I will say is they never leave before they check with me that I'm ok and need nothing else doing" "I am helped with all my care needs, whoever comes" and "I sometimes ask the care worker to come later so I can have a bit of a lie-in. Likewise I sometimes need them to come earlier as I have hospital appointments to attend. They always try to accommodate this, which is most helpful."

Staff spoken with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs which enabled them to provide a personalised service.

Eight people discussed with us their involvement in their care plan. They all felt they had been involved in completing their care plan and said their views had been regularly sought thereafter. People said a senior member of staff from Sarah Care had visited them to assess their needs and write a care plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

We looked at five people's care plans. They contained a range of information that covered aspects of the support people needed. They included some information on the person's history, hobbies, likes and dislikes so these could be respected. We found assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Staff told us they often referred to people's care plans to make sure they were fully up to date with each person's current needs.

The service had nine team leaders responsible for their own geographical area. Team leaders visited each person in their area once every month to check the care plan and look at the log book and MAR sheets. They also spent time talking to people who used the service and their relatives to check they were happy with the service and didn't have any issues or concerns. People we spoke with told us this was a good time to "Iron out any niggles" which stopped things turning into complaints.

People told us that they had been provided with telephone numbers for Sarah Care and could ring the office if they needed to. Most people said the office staff, "Sorted things out straight away." One person told us, "My stockings are often put on incorrectly, I have complained about this, but the carer still puts them on incorrectly. I have spoken to my care coordinator, but she has been unable to resolve this."

We spoke with staff who supported people to access activities and to maintain their hobbies and interests. Staff told us about how they supported people to go walking to improve their fitness, go clothes shopping (the person's favourite past time), visit friend's and attend social centres.

There was a detailed complaints policy and procedure in place. This was provided to people in the 'Service

User Guide' which we saw in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. In the last 12 months the service had received two written complaints and 10 written compliments. The two complaints had been investigated and resolved. Each complaint had been 'partly upheld' and showed the actions taken to resolve the person's concern. We saw a response from one complainant thanking the registered manager for their investigation and confirming that, "All is now ok."

Four people spoken with told us they had raised concerns about the service they were receiving. Two people said they had had their issues resolved straight away. Two people said they had eventually got their matter resolved by their care coordinator. One person told us they had not yet been given feedback on one specific recent (within last week) issue.

We asked people who used the service, If you had any complaints who would you tell? Seventeen of the nineteen people we asked said they were aware of the complaints procedure and how to make a complaint. The two people who were unaware of the complaints procedure told us they would talk to their care coordinator about any issues they wished to raise. All people, with the exception of one, felt they were able to raise complaints and concerns. One person did not feel their care-coordinator had taken their complaint on board or had resolved their issue. We were unable to assist this person to resolve their issue as we didn't have their consent to share their concern with the service.

Is the service well-led?

Our findings

The registered manager at the service was also the registered provider and had been in post since the service was registered in 2011. People who used the service, their relatives and staff all spoke very fondly of the registered manager. Their comments included, "Very supportive and always available to talk," "Very pleasant person who wants the best for people" and "Has recently supported me through a health scare which I really appreciated."

People also commented positively about the care coordinators, team leaders and the staff supervisor and in most cases were able to name the manager's attached to their area. They told us, "I can't fault them. All the staff are great," "There's always someone there when needed" and "I just pick up the phone and they sort stuff out."

Staff told us they felt really well supported by their line manager's. They told us care coordinators were available to speak to at all times either via phone calls, texts or face to face meetings.

There were a number of incentives in place to reward staff for their commitment to their role and thank them when it was recognised they had provided a high quality service to people. We saw the 'Above and Beyond' folder which showed when staff had 'gone the extra mile' for people who used the service. An 'Employee of the month' award was presented where staff were given a gift voucher as a thank you for their hard work. All staff were also invited to a coffee morning each week at the office base, which gave them the opportunity to see other staff and catch up with each other socially. All these events helped to make staff feel appreciated and motivated.

Staff meetings were arranged for all staff to attend and be given updated information about the service. Staff said this was another opportunity they had to give feedback and share their views and ideas to help to improve the service provided to people.

People who used the service and their relatives told us they were often asked their opinions and views of the service. Twelve people who talked about this felt their views were sort and they were kept informed of any issues that would affect them. For example people told us they were informed if a different care worker was going to visit them because their regular care worker was on holiday.

People told us the monthly visit from the team leader gave them a regular way in which to give feedback. People told us they were also sent quality questionnaires each year. We saw 120 questionnaires had been sent to people in April 2016 and 58 had been returned. Staff and other interested parties were also sent questionnaires to complete. The results of the questionnaires were very positive with the highest number of people scoring different areas of the service either excellent or good. One person who had reported the service as poor was visited by a manager, but was unable to say why they thought the service was poor and reported that they found their care worker's "Good."

Four people spoken with told us about the written information they had received about the service and the

fact that they were happy about their service information. This was the 'Service User Guide' that we saw in each person's home. The registered manager told us and we saw evidence that the 'Service User Guide' was also available in Braille, large print and audio if needed by any person with a sensory problem or communication needs.

We saw checks and audits of all aspects of the service had been made by the registered manager and other senior staff. For example care plans, medication administration records (MAR) and staff spot checks had been checked when they were returned to the office. Where any discrepancies or gaps were identified these were discussed with the relevant member of staff and recorded in their supervision notes.

We saw policies and procedures in place which covered all aspects of the service. We looked at a sample of the policies and found they were regularly revised to keep them up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.