

Sarum Home 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24, 25 and 26 May 2016 and was announced.

Sarum Home Care Limited is a domiciliary care service providing care and support for people living in their own homes. There were 63 people using the service at the time of our inspection. The service provided support to older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment

There was a registered manager in post. 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.

People were supported at end of life by staff who were caring and compassionate. This approach enabled people to receive care and treatment that met with their known end of life care choices and wishes.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Risk assessments were in place where people had been encouraged and supported to take responsibility for their own medicines.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

Systems were in place to monitor and improve the quality of the service provided.

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. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risks to people had been assessed to ensure people's individual needs were being met safely.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported with their dietary needs by staff and given choices regarding what they wanted to eat.

Is the service caring?

Outstanding ☆

The service was caring. People at end of life were cared for by staff that were caring, compassionate and supportive to both people and relatives. People received care and treatment that met with their known end of life care choices and wishes. The provider worked in partnership with other health care professionals to ensure a pain free and dignified death.

People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

People spoke highly about the quality of the service they received and told us staff were caring and understanding of their individual needs.

Is the service responsive?

Good ●

The service was responsive. People received care that was based

on an assessment of their needs and preferences.

People were fully involved in all aspects of their care and support and told us that staff were responsive to their needs.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Is the service well-led?

Good ●

The service was well led. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

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

Sarum Home 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.

This inspection took place on 24, 25 and 26 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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 used a variety of methods to inspect the service. We looked at records in relation to four people's care. We spoke with the registered manager, care co-ordinator and six members of care staff. We telephoned and spoke with four people using the service and three relatives.

On the second day of our inspection we visited and spoke with five people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes. We also spoke with a member of the district nursing team and one health and social care professional from the local authority.

We last inspected this service in January 2014 where no concerns were identified.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service provided and told us it was delivered by regular staff who had time to provide all the care needed. One person told us, "I feel very safe they are a lovely group of ladies". Another person told us, "I like all the carers and trust them in the house and with all my care. I have the same carer most days and they always come on time and stay as long as they need to". A relative told us, "Very happy with Sarum. They are very punctual and I know that X [person] loves to see them". A health and social care professional told us, "It's a very well run service. People are well care for. I have no concerns at all".

The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "Keeping people safe from abuse is something I know we are all aware of. I have never had to report anything but would know what to do if I did see it. I know that X [registered manager] would take it extremely seriously and escalate it". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." And "I know how to report safeguarding and am confident to do so".

We reviewed the staff rota for the previous four weeks. There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel to the next person's home. One member of staff said, "We get time between calls but if it's not sufficient we report it and the office extend the time". People received support from a consistent team of staff and people told us their calls were never missed, and if their carer was running late they always got a phone call to let them know. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer every morning. It only changes when they have a day off but the other carer that comes knows what to do so I don't really notice anything differently". The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills meet people's needs and deliver the care safely. This helped to ensure that there were sufficient staff deployed to meet people's needs safely.

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people

could make choices about their lives. Risk assessments included: mobility, nutrition, risk of skin damage, medicines and falls. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

There were systems in place to ensure that medicines were managed safely. Medicine administration records (MAR) we viewed clearly indicated when staff had 'prompted' people to take their medicines or had actually administered them. The MAR also showed the different levels of support people required and their medicine support plans correctly reflected this. One person said, "I rely on them to remind me to take my tablets because I can be quite forgetful". A relative told us, "It is very reassuring to know that X [relative] get their medication regularly and on time". People told us they were supported with their medicines and told us they were confident staff 'knew what they were doing'. Where possible, people were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Is the service effective?

Our findings

People and their relatives told us they were cared for by a regular group of care staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they were well trained and competent in their work. One person told us, "They are very good at providing my care which is quite complex. They all know about my condition which really fills me with confidence".

People were supported by staff to access food and drink of their choice. People told us staff always asked them what they wanted to eat. One person said, "My carer knows what I like to eat but always asks before preparing it". Some people had frozen meals purchased for them. Therefore staff were only required to reheat the meals and ensure they were accessible to people. One person said, "My meals are frozen and need to go in the microwave but when it is served up to me it is always on a plate and not in those silver containers. They present it so well you would think they had actually cooked it". One member of staff told us, "Sometimes we are only asked to prepared sandwiches for people but we always ask what fillings they wish to have in their sandwich." One member of staff told us how they ensured people had enough fluids. For example, before leaving they would ensure that people had a hot or cold drink of their choice. In some instances people were left a jug with water or fruit juice that they could access. They told us, "We always leave drinks available for people". The registered manager told us if people were not eating or drinking adequate amounts, staff would report it and this would be passed on to their GP or family who would take the appropriate action such as, making a referral to a dietician or providing food supplements.

People had access to healthcare services to maintain good health. People told us that their health care appointments and health care needs were organised by themselves or their relatives. One person said, "I make my own appointments with the doctor generally but on one occasion I really felt unwell and my carer called the surgery because she was worried about me. It was good that she did because I had an infection and needed antibiotics". The registered manager and staff told us that if the person had relatives the service would get in touch with them. Staff would remain with the person until their relative or the GP arrived. In some situations staff would be advised to call for an ambulance. People's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health.

All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk.

Staff were actively encouraged and supported to achieve nationally recognised qualifications and to develop their knowledge and skills to enable them to provide a quality service. For example, 13 of the 14 care staff employed by Sarum Home Care Limited had either achieved level two / three Diplomas in Health and Social Care or were being supported to achieve it. The provider's pro-active approach in encouraging

and supporting staff to attain recognised qualifications ensured that people received a high quality service from motivated and skilled staff.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks and working supervisions. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "I think it's great that we get the opportunity to review how we work. If we are getting it wrong we need to know so we can put it right".

People told us that staff always sought their consent before they carried out any care or support. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. A health and social care professional told us, "They liaise with us if they have any concerns at all. Sometimes its just advice they seek but they do work well with us whenever they need to".

Is the service caring?

Our findings

People, relatives and health care professionals praised the exceptional care the service provided. People consistently told us that they were treated with kindness and compassion. One person said, "They are excellent. I couldn't wish for better carers". Another told us, "My carers are really lovely people, very caring". Several people attributed the care they received as the reason they were able to remain in their own home, with one person telling us, "The level of care and support I receive means I can stay in my own home and be as independent as possible. The people who come to me treat me respectfully and I respect them". Relatives were equally as complimentary of the care their relatives received and repeatedly described the service as, "Excellent" and "fantastic." One relative told us, "They are very respectful and treat him so well which has meant that he can still be at home which is so important". Another relative told us, "They always treat her with real respect and kindness". A further relative told us, "From day one they [staff] all knew what to do. After a recent stay in hospital the manager came out to reassess their needs and to make sure they could still meet them. They even made a social visit to X [person] whilst they were in hospital. They didn't have to but it was so nice that they did".

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service, relatives, health care professionals involved in the service and from records seen. Care plans contained information about preferences for care and support including personal histories and how people wished to be cared for. Daily communication records demonstrated a very kind and sensitive approach from the care staff in the care delivery and support. The registered manager explained how the service prided itself on the provision of high quality care and that the care provision was dependent on relationships built on trust, choice and respect. Staff told us they were proud of working for the service and staff, people and relatives attributed this to a solid staff team and good positive teamwork.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Family members expressed how staff treated them with kindness and made them feel as, "Looked after" as their relative who received the care. For example, one relative told us, "Last Christmas my relative was due to come and visit us and had arranged to travel after their morning care visit. When the carer arrived at the house she could not get a response from knocking the door. Rather than assume X [relative] had left early which they had done on previous occasions, they looked through windows and listened through the letter box and discovered they had fallen. They could so easily have walked away knowing that in the past they had left early. They contacted the emergency services and ourselves and kept us fully informed at every stage as we live over a hundred miles away. The member of staff stayed with them and once checked over

by the paramedics ensured that our relative was able to get to us. We were totally at ease knowing that Sarum had gone that extra mile in ensuring they were ok".

People who were unwell or at the end of their lives received care from staff who were exceptional, compassionate and understood not only the care needs of the person, but the needs of their relatives. Sarum Home Care worked closely with the district nursing team where end of life care was being provided. A community Nursing Sister had recently written to the provider and stated, "As a district nursing team we are always reassured when CHC [Continuing Health Care] inform us that they have commissioned Sarum Home Care to provide end of life care to our patients. We know that the care and support you give, not just to the patient but also their families will be of A1 standard. This is so important in ensuring end of life clients and their families are supported. Your carers are always very professional and often go out of their way to help clients as well as members of the nursing team". They described the support they had observed as being, "Really person centred". For example, the registered manager and staff worked together in order to enable a person at the end of life to return home from hospital and have time with their family. We were told that other agencies had been asked but could not help this person or their family but Sarum Home Care had embraced the challenge because they saw 'the person' and genuinely cared about doing the right thing for them". A member of staff told us, "Two of us made the decision to put our lives on hold for two to three months and do every call together, including every evening and every weekend. It meant cancelling a weekend away and other social events. I believe that by making this small personal sacrifice to fulfil X [person] dying wish to come home and receive quality care with their family around them was the only decision to be made". Some people expressed that they wanted to die at home and it was evident that the registered manager and staff took every step to deliver this wish in conjunction with the district nursing team and allow people to pass away comfortably with the people who knew and cared for them. This was important to enable people to receive care and treatment that met with their known end of life care choices and wishes. We saw many 'Thank You' cards received from family members of people who had passed away. All were extremely complimentary about the care and support their relatives had received before and during their final days.

People and their relatives told us they were actively encouraged to be involved in making decisions and planning their own care. For example, one relative told us, "The staff have gone to great lengths to ensure X [relative] gets his diabetic medication on time. They told us how their relative had mild memory loss and often "went for a walk" when their care visit was due. Sarum Home Care worked with the person and their family to enable the person to make an advanced decision to wear a "tracker" when they left the house. The provider and family were able to monitor and locate the person when his call was due. If the person was not at home staff were able to locate them, return them home and ensure they received their medication, which was time specific. The provider had worked closely with the person and their family to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieve this. A family member told us, "It works well. Their condition is such that if they miss their medication they could become very unwell. It's something they wanted and has meant they have retained their independence".

Staff told us that the support provided to people was flexible and based on their individual needs. The registered manager said that from the first meeting with people their needs were discussed with them and they were asked for their views on how they wished to be cared for in a holistic manner. The care plans we looked at outlined people's needs and the support they required from staff to ensure care was delivered in a personalised manner.

The registered manager told us that people's wishes on how they would like to be supported with personal care to ensure their privacy and dignity was promoted were recorded in their care plans. For example, In one care plan we looked at staff were instructed to encourage

the person to use the toilet with support rather than their commode chair which was in their bedroom. People commended the service for providing care in a way that upheld their privacy and dignity. People told us that their care was provided with absolute respect and sensitivity. By gaining people's consent and talking to them about the care required, people were enabled to remain in control of their personal care. Care staff described to us the steps they took to ensure care was given in the most respectful and discreet way.

We saw letters of thanks and written extracts of care provided and the common theme was that the service worked hard to provide support that was personalised and special to each person. For example, we read how staff had gone to exceptional lengths to enable a person to move house with staff committing their free time to help them. We also read of other acts of kindness where staff had used their free time to help people with home maintenance such as grass cutting or curtain making. The service also celebrated birthdays and anniversaries by sending cards and flowers. For these people, such acts of kindness by staff who genuinely cared about them, had significantly improved their emotional wellbeing. One person told us, "They are more like family than carers. I love seeing them and I know they love seeing me. Without them I don't know where I would be. They are all saints".

Is the service responsive?

Our findings

People received care that was responsive to their needs and spoke positively about the manner in which staff developed an understanding of their personal likes and dislikes. Each person's 'care package' was person centred on their specific needs. People said that they were involved in the assessment of their care needs and how care would be delivered. One person told us, "I have a care plan and I'm very happy with the care and support I receive". Another person said, "The carers know me so well that I don't need to tell them what to do anymore. It makes my life much easier".

Relatives told us the provider responded to the needs of their family members very well. One relative told us, "They always check each morning if X [person] has started to develop any pressure sores and call in the nursing team or doctor if they suspect anything". Another relative said, "The staff respond very well to the needs of my relative. Communication is excellent. They always keep me informed of any changes or if they have any concerns". People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner.

The registered manager told us that people were involved in the assessment, planning and delivery of their care. People were able to say how they wished to be supported and by whom. For example, if they wished to be supported by a male or female care worker. We found that the provider carried out an assessment to identify people's support needs. Care plans outlined how these needs were to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

Care plans were reviewed annually or when people's needs changed. We saw evidence in one of the care plans we examined that the person's needs had changed following a short stay in hospital and they required more support to assist them with their mobility. Additional support was provided and the care plan had been updated to reflect the new changes.

People were encouraged to raise concerns and to complain. People told us that they knew how to make a complaint and felt confident to raise one if the need arose.

The service had received one complaint since our last inspection and had been responded to within the provider's timescale. The provider had carried out a thorough investigation and had relayed their findings with outcomes back to the complainant. This was in line with their complaints procedure, a copy of which was included in the information pack given to people when they started receiving care.

Is the service well-led?

Our findings

People told us the service was well-led and they felt comfortable speaking with the staff and management team. They said the service was well organised and managed. All of the people and staff we spoke with said they would recommend the service.

Staff told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, "I've been here for years so that must tell you something about the service. We are all very close and supportive of each other. That's why it works so well". Another care worker said, "If I thought this service was no good, I would not work for them. My conscience would not allow it".

The registered manager had clear visions and values of the service and told us, "Sarum Home Care aim to deliver a homecare service that we would be happy for our family and loved ones to receive. We aim to support our customers to maintain their independence and lifestyle by providing the highest quality of homecare. The main aim of the service was to provide high quality, flexible, person centred care and support".

Staff spoke confidently about the values of the organisation and how they implemented these into everyday practice. Staff confirmed there was an open and honest culture in the service and they felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. The registered manager told us she operated an "open door" policy and staff confirmed they were available and responded to any issues or concerns they raised. Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. For example, training, supervision and support to achieve diplomas in health and social care. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care.

Accident and incident reports were monitored to identify any trends and identify people at increased risk and showed that actions were taken to reduce risks. For example, we saw that a person's risk management plan had been updated following an accident when they were receiving personal care. This showed us that action had been taken to reduce the likelihood of further reoccurrence and that appropriate changes had been implemented. The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place and these were submitted as required.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. Care records were checked and monitored by the registered manager or senior care staff to ensure that the quality of recording was appropriate.

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding,

complaints, staff training and risk management. The audits were evaluated and where required action plans were in place to make improvements to the service.

The provider had established systems of quality monitoring which included seeking feedback about the service. This included comments through a feedback web site. We viewed comments from February 2015 to May 2016 left by people, relatives and health care professionals. All the comments we read were positive and included, "The carers are professional, friendly and prepared to do that little bit extra", "Sarum Home Care have provided an excellent service ", We chose this provider as they came with excellent references. They do a superb job. Perfect in every way" and I am very happy with the care they provide. The carers do everything I ask of them".

Team meetings for care staff were held regularly and we reviewed minutes from the last meeting held in December 2015. Staff were encouraged to provide both positive and negative feedback which resulted in action points for the management team to follow up. In addition to this the provider sent regular newsletters to staff providing information about the business and training opportunities.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.