

Savannah Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

At our last announced comprehensive inspection of this service in November 2016, we found improvements were required to meet the legal requirements. At a follow-up inspection in April 2017, we found that the provider had made the required improvements. However, we did not revise the overall rating of the service from "Requires Improvement" to 'Good' because to do so would require a longer term track record of consistent good practice.

Following the latest inspection, the overall rating for the service remains "Requires Improvement".

Savannah Care is a domiciliary care agency which provides personal care and support to people living in their own homes, many of whom were older people. There were thirteen people receiving services from Savannah Care at the time of our inspection. Most people using the service lived in Surrey.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that people were not adequately protected from avoidable harm. The provider did not always assess the risks people faced such as those relating to their health needs. This meant that there were not always management plans in place to help staff minimise these risks. The provider did not have adequate systems in place to ensure that people's support needs were assessed and their care plans devised in a timely manner. There was not always evidence that people had been involved in their care planning although people told us they received personalised care which met their needs. This was largely because people were usually supported by the same staff who had come to know them, their routines and preferences well.

The provider had an effective recruitment procedure which helped to ensure that only applicants suitable for the role of care workers were employed. The registered manager consistently followed the provider's recruitment procedure. There was a sufficient number of staff to support people safely.

Staff were appropriately supported by the provider through an induction, relevant training, supervision and appraisal. Staff knew how to protect people from abuse. They understood how to recognise the signs of abuse and how to report suspected abuse. The provider had systems in place to report incidents and accidents and staff were aware of these systems. The registered manager reviewed incidents and took action to prevent them from happening again.

Staff understood their responsibility to protect people from the risk and spread of infection and followed the provider's procedures in relation to infection control. Staff knew how to prepare people's meals safely and in accordance with current health and safety and food hygiene practices. Staff supported people to meet their nutritional needs. People were supported to access the health care services they needed to maintain their health.

People were supported to have maximum choice and control of their lives. Staff and the registered manager understood their roles and responsibilities in relation to the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before care was provided.

Staff were caring. They treated people with kindness and respected their dignity and privacy. Staff encouraged and supported people to maintain their independence as far as possible.

People knew how to report their concerns or complaints about the service. There were systems in place to assess and monitor the quality of care people received. However, these systems were not always as effective as they needed to be.

We found breaches of the regulations in relation to the provider's failure to assess and mitigate the risks to people and the lack of effective systems to assess and monitor the quality of care people received. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

Risks to people were not always assessed which meant that there were not always management plans for staff to follow in order to help keep people safe.

People were protected from the risk of abuse. People were supported by sufficient staff who had been recruited using an appropriate procedure which was consistently applied.

People were protected from the spread of infection by staff who understood the principles of infection control.

Is the service effective?

Requires Improvement 

Some aspects of the service were not effective.

The provider did not always carry out an assessment of people's care and support needs before or soon after they began to use the service.

Staff had completed an induction and on-going training which enabled them to carry out their roles effectively. Staff received training and supervision to give them the skills they needed to carry out their roles.

People were asked for their consent before care was provided and staff understood the principles of the Mental Capacity Act 2005.

People's nutrition and hydration needs were understood and met. The provider supported people to maintain good health.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported. Staff respected and promoted people's independence, privacy and dignity.

Is the service responsive?

The service was not always responsive.

People were not always involved in the care planning process. However, people received person-centred care because they were supported by a consistent staff team who had learned their routines and preferences.

People and their relatives were listened to and felt involved in making decisions about their care. Where changes were required, these were acted on.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

The systems in place to assess and monitor the quality of care people received were not as effective as required.

People, relatives and staff spoke positively about the management of the service and told us that they were able to speak with the registered manager when they needed to.

Staff felt supported and were confident and clear about their roles and responsibilities.

Requires Improvement ●

Savannah 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 a comprehensive inspection on 6 April 2018. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak to us.

Before the inspection, we reviewed all the information we held about the service. This included registration information as well as safeguarding records and notifications. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. 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 used this information in the planning of the inspection.

During the inspection we spoke with the registered manager. We looked at seven people's care files and four staff files which included their recruitment records. We looked at computer-held staff training, supervision and appraisal records. We also viewed the provider's records relating to the management of the service including spot checks, incidents and complaints and the systems in place to assess and monitor the quality of care people received.

After the inspection we spoke to three people using the service and one relative. We spoke with two care workers and received feedback from a representative from a local authority which commissions the service.

Is the service safe?

Our findings

People were not adequately protected from avoidable harm because the provider did not always assess the risks people faced. Risk assessments had not been conducted for four of the seven people whose care files we looked at when it was evident from reading their care files that there were obvious risks relating to their health, care and treatment. For example, one person with complex health needs required percutaneous endoscopic gastrostomy (PEG) feeding. There are multiple risks associated with PEG feeding including aspiration and infection. These risks were not identified and there were no management plans in place to help ensure that the risks associated with PEG feeding were minimised. Another person who was bed bound and had a history of falls did not have a risk assessment or risk management plans in place around moving and handling or pressure sores. This meant that staff did not have sufficient information to minimise the risk of the person developing pressure sores or the risks associated with moving and handling the person. After our inspection, the registered manager sent us a risk assessment and management plan for one person who had mobility difficulties.

When we raised these issues with the registered manager they told us that some people's needs had changed and they had not completed new risk assessments yet. The provider's failure to properly assess and mitigate risk to people is a breach of Regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe being supported by the staff provided by Savannah Care. They commented, "I feel safe enough", "I'm happy with them. They haven't given me any reason not to feel safe with them" and "I think I'm safer with them than I would be on my own." Staff knew and understood their responsibilities to keep people safe and protect them from abuse. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures inside and outside of the organisation.

The registered manager and staff used learning from incidents to improve their working practices. We saw evidence that after an incident where the assistance of external healthcare professionals had not been obtained promptly, the registered manager had reviewed the provider's procedures and relevant referrals and referrals were subsequently made in a timely manner.

There were effective procedures in place to help ensure that people who required support to take their medicines received their medicines safely. Medicine administration records (MAR) were completed when people took their medicines. We saw these were completed appropriately, returned to the office regularly and audited by the registered manager.

People were protected from the risk and spread of infection. Staff had received training in infection control. They wore personal protective equipment (PPE) when supporting people with their personal care to reduce the risk of spreading and contaminating people with infectious diseases. They had also received training in basic food hygiene and were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

People told us staff arrived on time and stayed for the time allotted for their scheduled visits. They commented, "I'm happy with their time-keeping" and "They are usually on time." Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible.

The provider operated safe recruitment practices to ensure staff were suitable for the role of a care worker. The provider's recruitment process involved interviewing potential staff, obtaining professional references, proof of identify and right to work in the UK. They also checked the Disclosure and Barring Services (DBS) database to ensure applicants had not been barred from working with vulnerable people. The provider's recruitment process was consistently adhered to by the registered manager.

Is the service effective?

Our findings

People's needs were not always assessed prior to or very shortly after they started starting to use the service. Two of the seven care files we looked at did not contain evidence that people's needs had been assessed by the provider. Instead staff were relying on local authority assessments and support plans. This meant that the provider did not appear to have a system in place to check whether they fully understood and could meet people's needs before staff started to provide care to people. We raised this with the registered manager who told us that people's needs had been assessed but this information had not been formally written-up. One person confirmed they had discussed their care and support needs with a Savannah Care representative before staff began to deliver care but two people were not sure. The lack of consistency in the assessment process indicated a lack of good governance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us everybody using the service had capacity to make their own decisions and that if they had concerns regarding a person's ability to make a particular decision, they would carry out a formal assessment. The registered manager was aware of the importance of ensuring that only those who had the legal right to do so were involved in making decisions relating to a person's care.

The registered manager and staff we spoke with understood the main principles of the MCA. Staff were aware of the importance of allowing people to make their own decisions and giving people the support they required to make their own decisions. They told us they always assumed people had mental capacity to make their own decisions; they asked people for their consent before providing care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

People received effective care from staff. New staff completed the Care Certificate as part of their induction. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant that staff had obtained an acceptable standard of skills and knowledge before they began to work with people alone.

Thereafter staff received relevant training in topics such as safeguarding adults, infection control and administering medicines. This training was refreshed annually. The provider offered staff other support which included regular one-to-one supervision, work based supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us

they felt well supported by the registered manager. The provider had an electronic system in place which identified when staff training, supervision and appraisal were due. The registered manager used this tool to help keep staff supervision, training and appraisal up to date.

Staff encouraged people to eat and drink sufficient amounts to avoid malnutrition and dehydration where the service was responsible for this. One person told us, "My carers make sure I have plenty to eat and drink." Where appropriate, staff recorded how they supported people with their meals. The meals prepared by staff were based on people's specific preferences and choices. One person told us, "The carers help me but I decide what I want to eat."

People were supported by staff to keep healthy and well. People's care files set out how staff should support them to manage their health and medical conditions and access the services they needed such as the GP or district nurse. Outcomes from people's healthcare appointments were noted and shared with their care workers so that they were aware of any changes or updates to the support people needed.

Is the service caring?

Our findings

People and their relatives told us staff were kind and compassionate. Comments included, "The carers are thoughtful", "They're very nice" and "They are very helpful and willing". A relative told us, "The carers show real concern for [the person]. They seem genuinely interested in [the person's] welfare. They're very patient."

Staff listened to and respected people's choices and wishes. People told us they were in control of the day to day decisions about their care and support. One person said, "They [staff] always ask me what I want." Another person commented, "They check with me what I want them to do and they do what I ask them to." Staff explained they encouraged people to participate and make decisions about their care. One staff member told us, "It's for them to decide what they want. I wouldn't go ahead and do something without their permission. After all I'm there to help them with what they need." Another staff member told us, "It's important to talk to people while you're supporting them. You can't assume you know what they want."

The provider deployed staff in a way which helped staff to develop and maintain positive relationships with people. The registered manager explained that as far as possible they endeavoured to allocate the same staff to people to ensure consistency and continuity of care. People confirmed this. One person commented, "I have a regular carer who I trust and feel comfortable with", "I usually have the same carer unless she is on holiday or off sick. She understands me and we get on well" and "I wouldn't like it if different people were coming in. I like that it's usually the same carer." Staff told us that supporting the same people helped them to get to know people and understand their routines.

People's privacy and dignity were respected. One person said, "I don't feel uncomfortable when the carer is washing and dressing me because she is very patient and considerate." A staff member told us they how they helped to maintain people's dignity when providing personal care. They told us, "I always make sure there is a bathrobe or towel handy to cover them up so they don't feel awkward or embarrassed." Another staff member told us, "I wouldn't provide personal care with a relative present unless the client had told me they were happy for them to be there."

People were supported in a way which maintained their independence. A staff member told us, "We support people to be as independent as they can be because this makes them feel good about themselves and helps them to stay in their own homes." People told us, "My carer will let me get on with what I can do. She helps me when I need it" and "My carers encourage me to do what I can for myself."

Is the service responsive?

Our findings

People were satisfied with the quality of care they received and told us the care they received met their needs. They told us, "I am happy with them [staff]. They are very helpful", "They do everything I need them to" and "They are quite reliable. They know what I need. I don't have any complaints."

However, the processes in place to ensure that people received person centred-care were inconsistent. Consequently, not everybody using the service had a care plan devised by Savannah Care. Therefore staff did not always have information on how people wanted their care to be delivered, what was important to them or information about how to meet people's individual needs. Staff knew some people's needs through daily interaction and getting to know the person's routine rather than having knowledge of what was in that person's care plans. One person told us, "No there is isn't a care plan in my house." Another person told us, "Yes I have a plan in my house." A staff member told us, "Most people have got care plans I think but anyway we always get the information we need."

Although people were complimentary about the support they received from Savannah Care and nobody we spoke with told us they had received inappropriate care, staff not having access to an up to date care plan meant that people were at risk of receiving care which was inappropriate or unsafe. We raised this with the registered manager who told us that some people did not have up to date care plans in their homes because their needs had changed and their care plans were in the process of being updated. However, one of the care files we looked at had a local authority support plan dated November 2017 and no Savannah Care assessment or care plan. The lack of consistency in planning people's care and devising care plans indicated a lack of good governance. Those assessments and care plans which Savannah Care had devised were comprehensive and included details of people's health, dietary and social needs as well as their life histories and important people in their lives.

Staff worked in a way which meant they could respond and adapt quickly to people's changing needs. The registered manager used technology to share information with staff about people's changing needs or actions/ tasks that were required to be completed before or during the next call. Staff told us this was helpful as it gave up to date information about people, such as whether they had been admitted to hospital.

People were asked for their views on the quality of care they received. The registered manager conducted spot checks where asked for people's views on staff attitude and punctuality. The registered manager told us these spot checks were conducted randomly every two-three weeks. There was no evidence in three people's files of spot checks being undertaken. People told us they had been visited by a representative of the service but that the visits were not regular. One person told us, "I remember someone coming to see me a month or two after the carers started but that was about three or four months ago." Another person told us, "They came to see me a few months ago to see how we were getting on."

People told us they knew how to raise concerns should they need to and said they felt confident these would be handled appropriately. One person told us, "When I've had a query or anything they have dealt with it." Staff knew how to deal with any concerns or complaints and said they were confident the registered

manager would address any issues raised. One member of staff said, "If someone wanted to make a complaint I would let the manager know." The provider had a complaints procedure; the process for handling any concerns was clear. We looked at the records of complaints and found issues raised had been investigated and responded to in line with the provider's policy.

At the time of our inspection, nobody was receiving end of life care. The registered manager told us that if a person requiring end of life started to use the service care plans would be developed through consultation with them and if appropriate their relatives. These plans would include a person's choices in relation to where they would like to spend their last days and what would be important to them during that period.

Is the service well-led?

Our findings

The provider had systems in place to regularly assess and monitor the quality of care people received. These included obtaining people's feedback, audits of people's daily care records and medicine administration records, and conducting unannounced spot checks to observe staff delivering care to people. However the systems in place were not adhered to consistently and there was a lack of consistency in how well the service was managed and led. Furthermore, the systems in place were not always as effective as they needed to be because they had not identified areas of the service which we found required improvement during our inspection.

The provider's auditing systems had not identified that there were delays in assessing people's needs which meant that some people did not have up to date care plans. The registered manager's review of people's care files had not identified that people's risk assessments did not cover obvious risks and that appropriate risk management plans were not in place. We requested a variety of records relating to people, staff and management of the service. These were promptly located but were not always, comprehensive, up to date and fit for the purpose for which they were required. Some people's assessments and notes relating to their care were contained in a note book and had not been formulated into care plans.

The ineffectiveness of the systems in place to assess and monitor the quality of care people received meant there was a risk of people receiving care or treatment that was inappropriate or unsafe. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good governance.

However, people using the service said the service was reliable which was most important to them. People told us, "They are reliable and helpful so I'm happy with them", "They seem to be quite organised" and "I think it's a good agency." People said they got the information they required, such as who would be replacing their regular care worker if they were on sick leave.

The provider did not always send notifications about significant events to the CQC as required by law without delay. Statutory notifications help us to monitor services and they are important in helping us in inspection planning. We were aware one safeguarding allegation had been made against the provider since our last inspection but there was a delay in the provider submitting a notification to the CQC. We raised this with the registered manager who told us that she and her deputy had been on sick leave at the time the notification should have been submitted which had caused a delay in the notification being submitted. The registered manager told us that she and her deputy being away from work at the same time was a one-off situation. The registered manager told us that she would be putting in place alternative arrangements to ensure that should this situation arise again it would not cause a delay in submitting notifications.

Staff felt well supported by the provider. They told us there were always sufficient resources available for them carry out their roles such as, aprons and gloves and notepaper for their daily records of care and medicine administration records. The registered manager was accessible, open to new ideas and challenge. Staff told us they often gave feedback to the registered manager on how processes could be improved and

how they could be better supported by the registered manager. One staff member commented, "We make our feelings known and [The registered manager] does listen" and "I can speak to [The registered manager] at any time."

Effective communication systems were in place to ensure staff had the most up to date information available to them. For example, the registered manager updated staff about changes to people's required need using mobile technology. This meant they were able to be particularly responsive to any changes in people's needs. For example, one person's needs had significantly changed and this had been communicated to the registered manager who contacted external agencies immediately to ensure the person's safety.

There were clear lines of accountability in the management structure which people using the service and staff were aware of. People knew how to escalate their concerns. Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not provide care and treatment in a safe way by assessing the risks to the health and safety of people using the service and doing all that is reasonably practicable to mitigate any such risks.</p> <p>This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not establish or operate effective processes to assess, monitor and improve the quality and safety of the service; or assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service; or maintain an accurate, complete and contemporaneous record in respect of every person using the service.</p> <p>This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</p>