

Sandwell Care Services Limited

Sandwell Care Services

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

About the service:

Sandwell Care Services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 49 people were receiving care and support services.

People's experience of using this service:

People told us they felt safe and staff knew how to protect people from the risk of harm or abuse. People's risks were assessed, monitored and managed. People were supported by enough that had been safely recruited. Medicines were given as prescribed. Staff had access to personal protective equipment. Accidents and incidents were monitored and reviewed. The registered manager informed us as required doing so by law.

People were cared for by staff who had the skills and knowledge to meet their needs, Staff understood their role and felt supported by the management team. Staff sought people's consent before care was provided. People were supported to access healthcare agencies when required.

People told us staff were kind in their approach. People told us their dignity and privacy was maintained and they were involved in the planning and review of their care.

People received care that was responsive to their needs. Care records were reflective and up to date. The provider had a complaints process in place which people were aware of and knew how to access.

The provider had quality auditing and monitoring systems in place which included competency checks on staff practice. People and staff said the provider and management team were approachable and the culture of the organisation open and friendly.

Rating at last inspection: At our last inspection in December 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service had not changed since the last inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sandwell Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We reviewed the care records of four people to see how their care was planned and delivered, as well as their medicine administration records. We looked at four recruitment, training and supervision records for

staff. We also looked at records which supported the registered manager and the provider to monitor the quality and management of the service. We spoke with the registered manager and deputy manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five staff, five people using the service and two relatives. We also spoke with one professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People told us staff made them feel safe when they supported them. One person told us "I struggle sometimes when I walk they [staff] support me when I am walking so I feel secure, and they reassure me."
- People were protected from the risk of harm because there were procedures in place to monitor and review the service provided to people. This minimised the risk of abuse and incidents occurring. Information was available for people about who they could contact if they were worried or felt unsafe.
- Staff understood potential signs of abuse and what to do if they suspected someone was at risk. The provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report these concerns.
- Staff received training in relation to safeguarding people from abuse. One staff member told us, "If in doubt report."
- The registered manager understood their responsibilities in relation to reporting concerns.

Assessing risk, safety monitoring and management

- Care plans seen had risk assessments completed, to identify the potential risk of accidents and harm to staff and to the people in their care.
- Risk assessments provided clear instructions for staff when delivering people's support. We saw the registered manager had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified staff were aware and the action taken by the registered manager had been recorded so people were supported safely. Staff spoken with confirmed that risk assessments gave them the information they needed to support people and minimise the risk of harm to people.

Staffing and recruitment

- People told us the service confirmed their care calls, were taking place as scheduled and the agency had contacted them in case of any lateness and sudden changes.
- Staff were recruited in a safe way with all the necessary background checks, including criminal records checks being undertaken with the Disclosure and Barring Service (DBS) checks as well as verification of staff's previous employment history, identity and qualifications. This ensured only suitable people were employed to support people.

Using medicines safely

- People told us they received their medicine as prescribed and confirmed they were happy with how staff supported them with their medicines. One person told us, "I take a lot of medication and staff know what they are doing, they just say have you taken your medication today and check. They make sure that I am ok, they are marvellous."
- The agency had a medicines policy and procedures in place and training records showed all staff administering medicines had been appropriately trained.
- Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicines administered from a monitored dosage system, such as dosset boxes or blister packs which had been prepared by the dispensing pharmacist.
- Staff we spoke with confirmed they received medicines training and they were able to describe to us how to administer medicines safely and according to the agency's policies and procedures.

Preventing and controlling infection

- People told us staff protected them from the risk of infection by using personal protective equipment (PPE) such as gloves and aprons, when providing care and support.
- Staff were knowledgeable about how to reduce the risk of infection and said PPE was readily available to them.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. The provider had a system in place to learn from incidents when they occurred and used the information to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remains the same good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training that was effective and relevant to people's needs. One staff member told us, "I feel my induction was very good. I did not work unsupervised until I felt ready, I then had the support of the manager and other more experienced staff if I had any questions." Records we looked at showed new members of staff completed a four-week induction to the service that included working with an experienced member of staff before working with people unsupervised. In addition, all staff worked towards the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in care settings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff gave consistent care. When people's care needs changed a review was completed and an assessment done to see if more staff was required or their care plan needed changes to reflect their current care needs.

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

- Some people were supported with preparation of their meals such as breakfast and lunch when this was part of their care plan. One person told us, "I have what I want, the staff just prepare it for me, I tell them what I fancy."
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access healthcare services when they needed to with support from family members. Where people did not have support from family then the agency staff would support people to contact doctors and other healthcare professionals if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used instead, an application can be made to the court of protection who can authorise deprivation of liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were asked for their consent before they received care from staff. They explained staff acted in accordance with their choices and wishes
- Staff we spoke with had knowledge of how to gain a person's consent and ensure their wishes were respected. Staff told us, consent is always sought.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives confirmed staff were caring and treated people with respect. The management approach meant they led staff by example to encourage staff to be motivated to deliver good care.
- People told us they were supported by the same staff. One person told us, "I know my carers very well, I seldom have different staff, if I do there is a good reason like sickness," Another person told us, "I can only tell the truth I have had the same two staff for 12 months. We share memories of the past, they share their memories of their family, this is what care is, real care, not just about tasks, they sit and chat when they have finished I am treated as a person with a history."
- Staff had information about people's history and backgrounds, so people were supported how they wanted.
- People had regular reviews of the care provided to ensure that the care was as they wished. The emphasis depended on what people wanted support with and how. The registered manager told us, "The main aim is to ensure risks are identified so people can be supported safely."

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

- The registered manager and staff respected people's equality and diversity. Staff were recruited based on their values and abilities.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, people's spiritual needs.
- Staff spoke with knew people's individual choices and preferences. One staff member told us, "We have to make people feel comfortable, we do this by getting to know them, so they have confidence in us and trust.
- Staff told us they had time to complete the tasks expected of them but also had time to be sociable with people at the end of their calls.

Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in how their care was provided. One person told us, "The staff are very supporting, treat me with respect and are very particular about my dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains the same good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Peoples told us, and care records outlined people's individual preference, and they were supported in a way that met their needs.
- Care was planned with the individual person, so that the support they had was based on their choice of how they wanted to be supported. One person told us, "I have wonderful staff so kind, I feel very comfortable with them." Another person told us, "The ladies that come every day are brilliant. When the management say that staff are caring, I have to say this is true because that's what I have had, staff who really care."
- Peoples' care needs were reassessed quickly if changes were needed due to a decline in health.

Meeting people's communication needs

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

- The provider ensured information was available in different language where English was not a person's first language. This ensured that people had access to information they could understand. For example, the complaints procedure.

Improving care quality in response to complaints or concerns

- Information was available on how to complain and was available in different formats based on people's language. The complaints procedure was also included in the service user guide given to people when they started to use the service. The registered manager had not received any complaints, however there were systems in place for reporting, investigating and responding to any issues of concerns brought to their attention. People spoken with felt confident that if they raised an issue this would be addressed. One person told us, they [staff] don't do anything for me to complain about, I can only give compliments about them because that's what they deserve."

End of life care and support

- Staff told us they had received training and knew how to support people during end of life care. They talked about how they would maintain people's dignity and support families during such a difficult time. One person told us, "Staff make me feel good." A relative said, "I can only thank them for the excellent care for my father during the last days of his life staff were gentle and sensitive."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remains the same good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's support was provided based on their needs and records seen were clear and personal to the individual. The registered manager had ensured people's views had been sought and included in the their care records, this involved seeking feedback from people about the service staff and the care staff provided.
- People spoken with confirmed that they were contacted to ensure they were happy with the service provided.
- People's support records were clear and person centred. The support provided was personalised and well managed.
- The registered manager was aware of their regulatory responsibilities and the importance of notifying CQC of serious events and incidents.
- Regular observational checks were carried out on staff performance to ensure people received safe, effective care.
- The service ensured there was an out of office on call system so people could get advice and support if required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC of events such as safeguarding's and serious injuries as required by law.
- People told us that they could contact the office and there was always someone they could speak to if they had any worries.
- Staff told us the management team were very supportive and open and friendly. One member of staff told us, "You can contact the manager at any time if you need to ask for advice or are not sure about something."
- The management team encouraged staff in personal development and each month there was an award of the carer of the month which staff told us was an incentive to do well. In addition, at Christmas as a reward for staff work throughout the year, the company paid for a Christmas lunch for all staff. The management team visited every person who received care with a Christmas present. The registered manager told us, this also meant that people who had no family saw someone on Christmas day and had a small gift.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had spoken with people through telephone conversations, visits to their homes and care reviews. Information was analysed, and areas of improvement identified.
- Staff meetings were held so staff could share any ideas with the management team. One staff member told us, "If you have any good ideas they [management team] will try it, they also speak with us in supervision, so I feel that we are well supported."

Continuous learning and improving care; Working in partnership with others

- Training was ongoing for both the management team and staff to maintain and develop their knowledge to ensure care continually reflected a person's needs
- The provider worked in partnership with other professionals to ensure people received the support they required. The provider's PIR told us, "Our management approach is in line with our statement of values and purpose. 'We have a quality assurance system to meet our registration and commissioning standards and to effect continuous improvements to the service. We obtain regular feedback about our care from service users, relatives and other stakeholders through informal discussions, regular meetings and annual surveys, which are staggered for the different audiences.'" The evidence found during the inspection demonstrated that the provider sought feedback from people and used the information to improve the service where required.