

Sans Soucie Home Care Ltd

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Inspection report

Unit 13, Headley House
Parklands Business Centre, Railton Road
Guildford
Surrey
GU2 9JX

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Tel: 01483233925

Website: www.sanssouciehomecare.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 8 January 2016. Sans Soucie Home Care Ltd is a domiciliary care service providing personal care for people with a variety of needs including learning disabilities and people living with dementia. The service provides personal care to seven people.

On the day of our visit the registered manager was on annual leave. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient numbers of skilled and experienced staff deployed to support the people who used the service.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

There were clear plans for staff to show what care was needed for people. Care plans were written in a personalised way based on the needs of the person concerned.

People were cared for by kind, respectful staff. Relatives told us they thought staff understood their family members and cared for them well. People and their relatives told us they were often supported by regular staff who knew their needs and preferences well.

One person told us they were involved in decisions about their care and were kept informed. Relatives we spoke with told us they were always consulted and felt involved.

People were offered support in a way that upheld their dignity and promoted their independence. Staff said they would ensure that they treated people with respect and dignity.

People were supported at mealtimes to have food and drink of their choice and what was appropriate to their needs. Staff always ensured that meals and drinks were provided to people.

People's rights were being upheld as required by the Mental Capacity Act (MCA) 2005. This is a law that provides a framework to protect people who do not have mental capacity to give their consent or make certain decisions for themselves. Staff were aware of their responsibilities through appropriate training in regards to the Mental Capacity Act 2005.

There were effective systems in place to monitor the quality of the service that people received. There were clear records of audits undertaken for example in relation to people's care plans and medicine charts. Improvements had been made in relation to feedback from people and relatives.

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 up to date risk assessments for people and guidance for staff on how to reduce risks.

There were sufficient numbers of staff deployed to keep people safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse.

Required checks were undertaken before staff began to work for the agency. This helped to ensure suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had not had regular one to one meetings with their manager and felt supported. Staff competencies had been assessed appropriately.

Staff received training and were aware of the Mental Capacity Act 2005 and how to protect people's rights.

People's health and care needs were assessed with them.

Is the service caring?

Good ●

The service was caring.

Staff were aware of people's personal preferences.

People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Pre-assessments of people's needs and detailed plans of care were available for staff that ensured that the service could meet people's needs.

The service worked well with other agencies to make sure people received their care in a coordinated way.

People were registered with a GP and saw other healthcare professionals to ensure that their health needs were met.

There was a complaints procedure and complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The quality assurance systems in place were effective. Feedback from people was used to identify and address short falls and improve the service.

Staff felt supported and valued.

Staff were supported by a comprehensive range of policies and procedures.

Sans Soucie Home Care Ltd

Detailed findings

Background to this inspection

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

This was an announced inspection which took place on the 8 January 2016. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person using the service and three relatives of people who used the service. We also spoke with three members of staff and undertook a survey with other staff.

We looked at a sample of three care records of people who used the service, three recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

This was the first inspection of the service.

Is the service safe?

Our findings

One person told us that they felt safe with staff. They told us, "They (staff) are always pleasant." Relatives told us that they felt their family members were safe with staff and that they didn't worry about how staff were with them (the family members).

People and relatives told us that there were always enough staff to meet their needs and that there had never been a time when staff had not arrived to provide care. One relative told us that they had the same carer each time. Staff told us that there were enough staff to support people and that if they were ever short then senior staff would step in to cover calls. One member of staff told us that all of the staff within the office were also trained to provide care if needed. They told us that before they accepted a new client they would ensure that they had enough staff to meet the person's needs.

We saw that assessments were undertaken to assess risks to the person using the service and to the staff supporting them. We did raise with the registered manager after the inspection that there was some guidance that was not as detailed as it could be in relation to risks despite staff being aware of the risks and knowing what needed to be done. They told us that they would address this straight away. We saw that on the whole where a risk had been identified there was guidance to staff. Initial risk assessments were around the person's environment, medication and moving and handling. In addition to this there were risk assessments undertaken specific to the needs of people. For example one person was a risk of choking and there was guidance for staff around how best to support this person at mealtimes. We saw that risk assessments were reviewed regularly to ensure that there had been no change to the person's needs.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. One member of staff told us that they would ensure the person was safe and then contact their manager and the appropriate agencies. There was a Safeguarding Adults policy and staff had received training regarding this. Policies were all available in the office for staff and additional information was provided to staff in their individual handbook. This was to guide staff about what they needed to do if they suspected abuse. Staff were aware that the Local Authority were the lead agency in relation to safeguarding concerns. We saw where a concern had been identified this was passed to the Local Authority and investigations took place.

Some people's keys were stored in key safes that staff had access to. The registered manager ensured that staff were reminded to keep the key codes confidential and when a member of staff left the person was asked if they wanted to change the key codes. Relatives told us that they felt safe with staff knowing the key codes. The provider had an out of hours' on-call system in place and staff were required to contact them for advice relating to any concerns about suspected abuse during the out of hours period. Staff were aware of this system and we saw that staff had reported safeguarding concerns appropriately.

Staff were aware of the reporting process for any accidents or incidents that occurred. There were separate systems for recording and monitoring incidents and accidents. Staff called the manager to report any incidents and these were separately recorded at the person's home and in a folder in the office. Staff told us that they called 999 for an ambulance in emergency situations. One member of staff told us that they would

always ensure the person was safe and then report the incident to the office straight away.

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of staff full employment history, any cautions or convictions, two references and evidence of the person's identity. This gave assurances that only suitable staff were recruited.

Is the service effective?

Our findings

One person and relatives of people felt that staff were competent. One relative told us that they felt confident that staff understood the needs of their family member and provided the appropriate care.

We found that people were supported by staff that had the knowledge and skills required to meet their needs. Staff told us that each new member of staff completed the agency's mandatory training which included moving and handling, health and safety and food and hygiene. In addition to this they undertook specific training around people's individual needs which included catheter care, epilepsy and learning disability. Staff would then 'shadow' a more experienced member of staff supporting people they were going to provide care to before they were left to work on their own. They said that the senior would introduce the member of staff to all of the clients. The team leader would also competency assess the member of staff to sign them off by observing the care they were providing. We found records of staff competencies being assessed. Staff told us and we saw that before they provided any care they completed all of the services mandatory training. In addition to this all staff were expected to undertake the new care certificate.

Staff were receiving appropriate and ongoing periodic supervision to ensure competencies were maintained. Staff received regular supervisions with their manager. We saw that these were undertaken regularly and were used to identify any training needs and to address any concerns the member of staff had. Staff told us supervisions were undertaken in a variety of different ways. They said that 'spot checks' were undertaken and one to one meetings in the office. Relatives told us that they were aware of the 'spot checks' and that these were unannounced. We looked at the records and found that spot checks had been undertaken for all staff on a regular basis.

Staff surveyed felt that they had sufficient time with their travel schedule to enable them arrive on time and stay for the agreed length of time at each call. They also felt that they had received sufficient training in order for them to undertake their role.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people's rights if they lacked mental capacity to make certain decisions. Staff had a good understanding of MCA and gave examples of how they could gain consent from people. One person confirmed that staff would ask their consent before care was provided. One relative told us that their family member was unable to consent to the care package but staff always ensured that the family member was involved in any discussions around care.

People were supported at mealtimes to have food and drink of their choice. Staff told us that some people required support with meal preparation as part of their care plan to make sure they had nutritionally balanced diets for their wellbeing. We saw that if a member of staff was concerned about people's nutritional intake then they would pass this information on to the appropriate person. People and relatives said that they were happy with the support staff gave in relation to eating and drinking.

Staff were available to support people to attend healthcare appointments if needed. The provider liaised with health and social care professionals involved in their care if their health or support needs changed. For example, people had visits from community nurses and staff worked alongside them to ensure consistency of care for people. We saw that peoples care files had details of their GPs so staff could contact them if they had a health concerns.

Is the service caring?

Our findings

People and relatives were complimentary about the staff that provided the care. One person said, "The care is excellent." One relative told us, "I'm happy with the care, so far they are very caring, sometimes (the family member) gets upset and staff are very reassuring with (them)." Another relative told us, "Staff are caring, I'm not unhappy about anything." We saw feedback from people that was sent to the service. Comments included, 'We would like to say thank you for all your help and care' and 'It was the best care that could have happened.'

Staff said that they enjoyed working with people and that people were always treated with dignity and respect. People's dignity and privacy were respected. Where people had asked for a female carer this was accommodated. People and relatives told us that they were treated with dignity and respect especially when personal care was being given. One member of staff told us that they would ask family members to leave the room if needed. They said that they would give the person some privacy whilst they were in the bathroom.

People and their relatives told us they were involved in making decisions about their care. One relative said that staff always ensured that their family member was present when the care package was discussed. Before any care was provided the registered manager visited the person at home or in hospital to discuss what care was needed. People and relatives told us that they were asked what they wanted and what their preferences were. One relative told us that they had asked if they could ensure that they had the same carer if possible on each occasion as this was better for their family member. We were told by them that this on most occasions they have had the same carer.

People were supported in promoting their independence. Staff told us they would encourage people to do as much as they could for themselves but helped when people wanted or needed help. One member of staff said, "I try and encourage people to do as much as they can themselves." They told us that all of the staff were asked to encourage people to do as much for themselves as they could to help improve their independence.

Is the service responsive?

Our findings

One person told us that the care they received was personalised and felt that staff understood their needs. Relatives also felt that staff understood their family members needs. One relative said, "My (family member) cannot communicate verbally, I can tell by the way (the family member) smiles that they are happy with the carers and that they are doing what (the family member) wants."

Staff told us (and we saw from records) that they visited each new person and undertook an assessment of their needs. Initially a phone discussion would take place to determine whether they were able to provide care and then a meeting in the persons home would be arranged. They said that for 'clients' that were referred from the Local Authority (LA) they would receive the initial assessment from the LA. They told us that regardless of the LA's assessment they would ensure that they could meet the person's needs by undertaking their own assessment. They said that if a person using the service went into hospital they would re-assess their needs before they came home to ensure nothing had changed. This was confirmed with a relative who said that their family members care has been assessed when they came out of hospital.

Care plans that we looked at all had a pre-assessment of people's needs undertaken by the registered manager. However there were a few examples where a particular need had been identified but there was no detailed information for staff on how to provide the best care. Despite this staff were able to describe the care that they provided. For example one person required additional emotional support. Although staff were able to describe how they provided this there was no detailed care plan for any new member of staff. However on other care plans that we looked at there were detailed records for staff on how best to support someone. For example one person was diagnosed with epilepsy. There was detailed guidance for staff on what signs to look out for if the person was having a seizure and what they needed to do. We spoke to the registered manager about this who said they would ensure that the same level of detail around each care need will be included in each person's record.

Care plans were written in a way that recognised each person as an individual with their own specific support needs. For example one care plan detailed what the person's goals and outcomes needed to be. The care plans were written in person centred way and detailed what each person wanted and what assistance was required to achieve this. The files in the offices mirrored what was in people's homes to ensure information available to staff was consistent. Staff said that they read people's care plans before they gave care and were introduced to people beforehand.

Where there had been a change to people's care this was recorded for each person in the office on the computer. The registered manager said that staff were made aware of these changes via a text message, telephone call or face to face. We saw that a record of contact with staff had been made on the computer. For example, one person had been admitted to hospital and this had been recorded and the member of staff contacted. Daily records gave clear documentation of care delivered and how each person was during that visit.

Relatives said that the staff were flexible in meeting their needs. For example if timings need to be changed

to accommodate hospital visits then they would do this. People and relatives told us that they would be notified by phone if the carer was going to be late or if there had been a last minute change to the carer. One relative said, "They have never just not turned up, one or two times they have been a few minutes late but they have always called."

People and relatives were aware of the complaints process and how to raise things if they had a concern. They felt their complaint had been dealt with appropriately. One relative said, "I wasn't happy with one of the carers, I contacted the manager and the carer was replaced." Each person was provided with a copy of the complaints procedure should they need to use it. We saw that complaints were logged and responded to appropriately.

Is the service well-led?

Our findings

Relatives told us the registered manager was approachable and they would be happy to contact them if needed. One person and relatives told us that they were contacted by senior staff to ask them if they were happy with the service they or their family member was receiving which they told us they appreciated.

Staff were nominated each month for 'Employee of the month' awards. This was based on any positive feedback that people and relatives gave to the manager and senior staff about the member of staffs performance. One member of staff told us that this was a way of recognising the good work that staff did. They also told us that when they contacted people and relatives for feedback from them they always passed on the feedback to the member of staff. We saw that this had been recorded each time feedback had been given. Staff told us that the managers were always accessible and approachable.

Regular meetings were undertaken with staff to share information about the service and any ongoing concerns. We saw that staffing levels and training was discussed and staff appreciated the opportunity to meet with other colleagues. In addition to staff meetings, memos were sent to staff regularly regarding work expectations, rotas and reminders.

Systems were effective to monitor the quality of the service that people received. There was a computer system to identify when checks, staff supervisions, training and audits needed to be undertaken. Regular 'spot checks' of the staff were undertaken by senior staff and were recorded on the staff files. Where there were any training needs identified this was arranged with the member of staff. In addition to this, audit were undertaken of the archived daily notes in people's care plans and a record of the audit was made. We could see that staff had been reminded to ensure that the notes were detailed. A copy of people's care plans were kept securely at the office and also on the service computer.

Quality questionnaires for people, relatives and staff were completed. Where suggestions for improvements were made there was evidence that this had been addressed. For example, one person asked if they could be notified if staff were going to be late and this was implemented. Another relative asked if they could be told who their carer was going to be each week. Staff told us that people were now contacted weekly with information of which staff member was going to be providing support during the week. Surveys had been used as a method to improve the standards of care for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.