

Sabaoth Care Ltd

# Sabaoth Care

## 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

The inspection took place on 10 December 2018 and was announced.

At our last inspection of the home in January 2018 the service was rated 'requires improvement overall'. At that inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 12, safe care and treatment and Regulation 17, good governance. This was because risks to the health and safety of service users had not been consistently assessed and the provider did not have effective systems in place to regularly assess, monitor and improve the quality of service that people received.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. At this inspection we identified that improvements had been made with regard to Regulation 12 and 17 and the provider was no longer in breach of this regulation. This was because risks to the health and safety of service users had been assessed and plans put into place to reduce known risks, and quality assurance processes were in place to monitor and improve the quality of service.

Sabaoth Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults living in the North Liverpool area. At the time of our inspection 10 people were using the service.

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.

Not everyone using Sabaoth Care receives regulated activity; CQC only inspects the service provided to people in receipt of 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There was enough staff employed by the service to help people with their day to day support needs at the times they wanted.

There were systems and processes in place to ensure that people who received a service were safeguarded from abuse. This included training for staff. Staff we spoke with confirmed they knew how to raise concerns.

There was a process for recording, reporting and analysing incidents and accidents.

Risk assessments and support plans had been completed for everyone who received care to help ensure

people's needs were met and to protect people from the risk of harm.

There was personal protective equipment (PPE) available for use, such as gloves and aprons.

The service supported people with medication. Medication was administered by staff who had the correct training to enable them to do this. Records were kept in line with current guidance.

Staff received training to enable them to support people safely and training records confirmed this. Staff engaged in regular supervision with their manager.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought in line with people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

People were treated as individuals, and their choices and preferences were respected by staff.

People's care plans were person centred and contained details about the person, their likes, dislikes, how they wanted to be supported and what they could do for themselves.

People's dietary needs were managed with reference to individual preferences and choice.

There was a complaints process in place. There had been no complaints since the last inspection.

A quality assurance system was in place; on-going audits and checks were completed to ensure standards were monitored effectively.

Checks were made to people who used the service in person and with their family members by telephone to ensure the care was safe and was meeting people's needs.

The service worked in partnership with other professionals such as the local authorities.

Further information is in the detailed findings below.

## 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.

Risks to people's safety were assessed and control measures were in place to help ensure their safety.

Systems were in place to support people to take their medicines safely.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There were enough staff employed to ensure people's care needs were consistently met.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through induction, regular on-going training, supervision and appraisal.

People were supported to enjoy a varied diet which met their dietary needs and preferences.

People were asked for their consent to the care and support they received.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate.

People's privacy, dignity and independence were respected and promoted.

People received their care and support from a regular staff team.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were planned for and reviewed on a regular basis.

People received the care and support they required and were happy with the service.

People knew who to speak to if they were unhappy about the service they received.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post and feedback regarding the leadership and management of the service was positive.

The registered manager undertook audits to identify areas for improvement and development.

Staff sought feedback from people and relatives to gain their views about the service.

# Sabaoth Care

## 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 inspection took place on 10 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 10 December 2018 and ended on 12 December 2018. It included speaking with staff, people who received the service and their relatives. We visited the office location on 10 December 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the service.

We looked at the care records for four people, four staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service.

During the inspection we spoke with a total of six staff, including the registered manager. We also sought feedback about the service. We spoke with a person who received a service and two relatives after the inspection by telephone. We received feedback from a social care professional who had worked with the service.

# Is the service safe?

## Our findings

At our last inspection of the service in January 2018 we found they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the inconsistent recording in risk assessments. At this inspection we found that improvements had been made and the breach had been met.

There were processes in place to help make sure people were protected from the risk of abuse. Staff had completed safeguarding training. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse and the procedure to report suspected abuse. Staff we spoke with understood how to recognise abuse and how to report concerns or allegations.

Risk assessments and support plans had been completed for everyone who received care to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for mobility, including using hoisting equipment and falls, nutrition and pressure area care. Risk assessments were reviewed regularly by the manager to help ensure any change in people's needs was reassessed so they received the appropriate care and support.

Any changes to people's health or support needs were reported to the appropriate health care professional for reassessment.

People we spoke with said they felt safe when being supported by Sabaoth Care staff. A person who needed staff to support them using equipment to mobilise said the staff were confident using the equipment and did not rush them.

Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely or stand aids to support them to move with some independence.

The service managed safety incidents well. Staff reported accidents and incidents; the necessary reports had been completed as and when required. There had not been many accidents and no incidents had occurred.

Medicines were administered and managed safely and effectively. Staff were trained and their competency was checked. An electronic system, was used to monitor and administer medication to people and to record the application of prescribed creams. Information was recorded in people's care records which included a full list of their current medication.

A thorough recruitment and selection process was in place. We found copies of application forms, CV's and references. Staff had been subject to a Disclosure and Barring System (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. Everyone said the visits by the care staff were on time and staff always stayed for the full time. At times of staff sickness or holiday leave staff working within the service carried out the support to people. In the case of any emergencies the Care Coordinator or registered manager supported people to help ensure care was provided.

The registered manager and Care Coordinator operated an 'On-call' system to take calls out of office hours from people who received a service and staff in cases of emergency. This meant that emergency situations such as providing additional staff cover or cancelling a service could be addressed. Staff we spoke with said the 'On Call' service was effective and managers always answered the phone.

The Care Coordinator and registered manager told us new referrals were not being taken at the present time unless people lived near to or in the location where support was currently being provided. This helped ensure support could be provided to the people who needed it. There were currently two geographical locations where support was provided and staff worked within those two locations. The registered manager said this practice would only change when staff were available to create a new 'run' in a different geographical location of the city.

People told us that staff always arrived as expected. The registered manager explained to us how the Care Pass system helped to ensure nobody missed a call. Staff were expected to log in and out each time they visited a person's home. This information was transferred to the electronic system. If a staff member had not logged in 15 minutes after the expected time of arrival a message was sent to the manager to alert them. This meant that in the event of a staff member not arriving the manager would check up on the staff member's whereabouts.

People told us that staff used protective clothing, for example aprons and gloves, when working in their home. We saw evidence that staff were regularly supplied with aprons and gloves. This helped to promote good hygiene and prevent any cross contamination and infection.



# Is the service effective?

## Our findings

At our last inspection in January 2018 we made a recommendation the registered provider review their rotas and staff scheduling to ensure that visits were effectively managed to promote punctuality of visits in accordance with the time allocated. Since the last inspection the registered provider had restricted the provision of support to people living in specific geographical areas. This meant that staff either driving or using public transport could travel to each person within a reasonable time. People we spoke with confirmed that staff arrived at the expected time and stayed for the full duration of the visit.

People told us they received very good support. A person told us, "The staff are great. There's good communication between me and the office; I'm not kept in the dark. Any problems they ring me." A relative said, "Having care from Sabaoth has had a very positive effect on the family; the staff are someone else for [family member] to talk to. They have been brilliant."

Family members were reassured by how the service kept them informed of any changes in the health of the person being supported. One relative said, "Staff are very vigilant and notice any changes or deterioration in them. This means I can get a doctor's appointment quickly."

Staff we spoke with had a good understanding of people's needs. Staff told us they mainly visited the same people, so they were familiar with their needs. People we spoke with confirmed this to be the case.

The service's training programme provided a good basis of learning for staff and provided them with the skills, knowledge and confidence to care for people safely. Training was provided in subjects considered essential for staff to fulfil their role. This included moving and handling, fire safety, infection control, safeguarding vulnerable adults, health and safety, basic life support and food safety.

Staff completed training when they commenced their employment at Sabaoth Care as part of their induction to the service. The HR manager kept a training matrix to monitor when staff had completed each training course and when they were due an update. We found that all staff members had completed training in subjects relevant to the needs of people they supported.

Each member of staff had completed a three-day induction which included, shadow shifts with an experienced member of staff as well as competency checks in people's home by the senior carer or Care Coordinator. Some staff who were new to working in the care industry had begun the Care Certificate as part of their induction period. The Care Certificate is the government's blue print for induction standards which included a practical and competency framework for employees to follow.

Staff received regular supervision from the start of their employment. Records we saw confirmed this. The registered provider's supervision policy stated supervision would be held every six to eight. Staff we spoke with said they felt well supported by the senior carer, Care Coordinator and registered manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection for people living within their own homes in the community. The service was not supporting anyone where an application had been made to the Court of Protection.

The Mental Capacity Act 2005 is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Care records showed that people had signed care plans to consent for the provision of care and support with medication.

Staff received training regarding people's mental capacity to consent to care during their induction.

People were supported to eat and drink regularly by staff. Their care plans clearly documented what food and drinks should be provided at particular times and people's preferences, likes and dislikes. People told us they were happy with the meals and snacks staff prepared for them.

Where appropriate, staff supported people to maintain good health. Staff sought the input of health and social care professionals if people's needs changed. For example, we heard that the manager had worked with a local authority social worker to ensure one person received the care they required and that their home was habitable to live in. The social worker told us, "I complimented [ Name of staff] for their hard work, professionalism and dedication to the work (they did) and in keeping me updated with any changes in cases that I have been working on."

## Is the service caring?

### Our findings

Everyone we spoke with during our inspection told us that the staff who visited them in their home were caring and kind. Everyone spoke positively about their experience with Sabaoth Care managers and care staff. One person said, "I'm very happy with the service. I find the staff don't rush me when they are supporting me."

Staff we spoke with demonstrated a genuine positive regard for the people they supported. They told us they provided care to the same people on a regular basis which meant they had the opportunity to develop good relationships with the people they supported. One staff member said, "The information recorded about people helps me to have conversations and get to know them."

Staff told us the information recorded in the care records also helped them understand what support people required. They had access to this information from the 'Care Pass phone application. They were informed of any change in people's needs or circumstances by a secure text message. This information was updated through consultation with people or their relatives and there was evidence that people were involved in discussions about their care. Care staff also used the application to update records when they found a change in a person's health or care needs.

Personal information relating to people who received support and staff was recorded on the Care Pass system; staff had an individual log in password to ensure access was restricted. Paper records kept in the office were stored in locked cupboards.

People said they were always treated with dignity and respect. Staff told us what they did to maintain people's privacy and dignity when supporting them with personal care. One staff said, "I always make sure window blinds are drawn and they are covered." A relative said, "Staff always leave [name of relative] home clean and tidy, after they have finished there."

Some people supported by Sabaoth Care had communication needs. We found details to support and communicate with people were recorded in care plans. For example, "Speak clearly" and "Face to face". Staff we spoke with were familiar with people's particular communication needs. This meant that people could communicate directly with staff to express their needs and wishes.

## Is the service responsive?

### Our findings

People we spoke with told us they received care when they wanted it and staff did what was required of them. One person said, "They are great, I'm very happy with the service." Relatives we spoke with were equally as positive, with comments such as, "Happy with the service", "Everything is fine", "Been brilliant" and "They're just great".

People we spoke with told us they received care when they wanted it and staff did what was required of them. One person said, "They are great, I'm very happy with the service." Relatives we spoke with were equally as positive, with comments such as, "Happy with the service", "Everything is fine", "Been brilliant" and "They're just great".

People's needs were assessed before receiving a service to ensure they received the right support; these included, medication, personal care, mobility and nutrition. Care plans were completed with each person following the initial assessment and commencement of the service to identify the care and support they required. We found people's preferences had been recorded in respect of personal care routines, and likes and dislikes for bathing and any particular products they used. Some had completed social histories. This gave staff some personal information about the person so they could be supported in their usual and preferred way.

Some people received support with meals; their food and drinks preferences were recorded as well as any allergies and other medical information.

The registered provider used an electronic system called 'Care Pass' to record a person's service, which included their assessed needs, care plans and risk assessments and any updates or messages regarding people's health and support. Staff had access to the system information via the application on their mobile telephone. This informed them of people's needs and any changes to their care needs. Staff we spoke with confirmed this and said they found this helpful as the information they required was readily available to them.

Staff we spoke with had a good understanding of people's needs. Staff told us they mainly visited the same people, so they were familiar with their needs. People we spoke with confirmed this to be the case.

The Care Coordinator or the senior carer visited people receiving a service to review their support. Records of these review meetings were kept on individual people's care records.

The registered provider had a complaints policy in place which was available to people. People said they knew how to make a complaint if they were unhappy. Everyone we spoke with told us they had no complaints about the service. No complaints had been received since the last inspection.

# Is the service well-led?

## Our findings

We previously visited this service in January 2018 and found the registered provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning the lack of effective quality assurance systems in place to regularly assess, monitor and improve the quality of service that people received. At this inspection we found that improvements had been made and the breach had been met.

The governance arrangements provided a clear and accurate picture of the service. There were systems in place to monitor the quality of the service provided. The registered manager had completed a full audit of records, including care records and medication records. They had completed an action plan, which identified any shortfalls that required action to improve. Records were accurate, up to date and regularly reviewed and were stored securely.

There was a registered manager at the service. 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.

We found that the registered manager and Care Coordinator communicated well with the staff so they were kept up-to-date about any changes. Meetings were held to keep staff updated. Staff we spoke with told us they felt supported. One staff member told us, "I am happy working for Sabaoth Care. They [Care Coordinator and registered manager] are always at the end of the phone. Another staff member said, "There's the 'On Call' if I need to contact them out of office hours. The phone is always answered."

The organisation had systems in place to gather the views and opinions about the service from the people who received the service or their relatives. Questionnaires had recently been sent out to people, relatives and staff to gather their views on the service. Responses were yet to be received or collected. However, people we spoke with gave us positive feedback on the service provided.

We received feedback from a social care professional. They told us, "I have commissioned services for Sabaoth care and have found them very reliable and professional in their approach dealing with me and their commitment to improve the quality of life to service users they deliver care and support to."

The Care Coordinator visited people in their own home to ensure the care package was meeting the person's needs. Unannounced spot check visits were carried out to check whether care staff were working according to the person's care plan and in a safe and professional manner. We saw examples of both home visits records and spot checks in people's care records.

Policies and procedures were in place and provided guidance to staff regarding expectations and performance. These included policies for safeguarding vulnerable adults, infection control, staff supervision and medication management.

The registered manager was aware of incidents that required the Care Quality Commission to be notified of. There had not been any requirement to submit any notifications since the last inspection.

Ratings from the last inspection were displayed on the provider's website as required. However, the ratings were only found by following a link, rather than on the website itself. We pointed this out to the registered provider who agreed to correct this. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.