

Sawbridge Primecare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Sawbridge Primecare Ltd is a Domiciliary Care Service which provides personal care and support to people living in their own homes. The service supports people with dementia, mental health needs, sensory impairment and physical disabilities. At the time of this inspection 11 people were receiving the regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Training had not been received by some staff in basic core areas such as safeguarding, mental capacity, health and safety or fire safety. These staff were new to the organisation and had received a basic overview of these areas in their initial induction. The provider had confirmed to us the training was arranged and will be provided. Staff were aware of the procedure for reporting any concerns to help keep people safe.

People and their relatives said they felt the care and support provided was safe. Individual risks were assessed in some cases, and staff were aware of these. There were enough staff available to meet people's needs. People were supported, when required, to receive their medicines regularly and staff completed the medicine administration records. Staff were aware of how to reduce the risk and spread of infection.

People were supported where required to eat and drink to remain healthy and were supported to access healthcare professionals when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were caring and kind. They told us staff always asked them what they would like help with and supported them in the way they wished to be supported. People were involved in their care planning and staff made sure they respected people's dignity and privacy. The registered manager monitored this as part of their routine oversight of the service.

People and relatives said any concerns were quickly addressed which meant they did not escalate to a complaint. People's views were sought through a variety of methods, although these were not recorded. This meant this information did not feed into the quality assurances designed to give the registered manager a clear overview of the service.

The registered manager had quality assurance systems and processes in place at the time of the inspection. However, the service had only been operation since March 2021, and they did not provide a service for many people. We looked for assurances that the systems were being embedded into daily practice.

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

Rating at last inspection

This service was registered with us on 14 October 2020 and this is the first inspection.

Why we inspected

This inspection was carried out to check 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.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Sawbridge Primecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This 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 did not give the provider notice of this inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 24 November 2021 and ended on 08 December 2021.

We received feedback from two people who used the service and three relatives about their experience of

the care provided. We received feedback from two care workers, and we had a video call with the registered manager on 08 December 2021. We reviewed a range of records relating to the management of the service, including staff training records, the service improvement plan, and evidence of monitoring staff practice and medication competencies.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their responsibilities to safeguard people from abuse. Systems had been developed to help protect people from the risk of harm or abuse. At the time of the inspection three of the eight staff employed to provide support for people had received safeguarding training. The provider confirmed the remainder of the team were booked to receive this training by 15 January 2022.
- The provider demonstrated safeguarding was explored in depth during the interview process and was included in the service induction. They told us, "We do check staff knowledge in areas such as safeguarding and mental capacity before they start to work with people. Until now, we have not recorded this but will do going forward from today."
- Staff were confident any safeguarding matters would be dealt with appropriately by the management team. One staff member said, "Issues concerning the people we support are dealt with appropriately by management. There is a dedicated care line for this and it's operational 24hrs." Another staff member gave an example where they had raised concerns, they said, "I raised the alert through the app, and it was dealt straight away." They told us they had received a call within 30 mins from the office to say what action had been taken.
- People who used the service and their relatives said the care and support provided was safe. A relative told us, "I have no worries at all about [Person's] safety when they (care workers) are providing [Person's] care."

Assessing risk, safety monitoring and management

- At this inspection not all staff had received training in the basic core areas. For example, two of eight staff had received health and safety training and four had received fire safety training. The provider confirmed the remainder of the team were booked to receive this training.
- Risks to people's health, safety and well-being were assessed and a care package was developed to remove or reduce the risks. Risk assessments enabled people to stay as independent as possible in their homes within the confines of their health needs.
- The registered manager helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- People told us newly recruited staff were personally introduced to people who used the service by the management team. People explained how new staff shadowed the established staff to help understand exactly how each person wished their care and support provided. However, some people felt this was not

always enough. One person said, "I have had some staff who may have needed more instruction to support me. They had shadowed my regular care worker for just one visit, they didn't really understand how to support me." A relative shared with us, "Some trainees appear unduly diffident and ill at ease."

- People and relatives told us there were enough staff available to meet people's care needs. People and their relatives said care was provided within agreed timeframes and there had not been any missed care calls. One relative said, "They have let us know when they were running late due to unforeseen circumstances, they have not missed a visit."
- The registered manager operated robust recruitment procedures; appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for all staff before they worked with people independently.

Using medicines safely

- The registered manager undertook competency assessments once staff had completed their training to ensure safe practice.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed.

Preventing and controlling infection

- Every person we spoke with was confident staff were knowledgeable about the control of infection and told us, "Staff always wear PPE including masks, gloves and aprons."
- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. Staff had received training how to put on and take off their PPE safely. The provider checked infection control practice at spot checks and held plentiful stocks of all PPE.

Learning lessons when things go wrong

- Lessons were learned from feedback from people. It came to management attention via a satisfaction survey, some staff may not always wear their mask during care visits. The management team immediately undertook spot checks to root out this area of poor practice. Supervision and refresher training was provided for the staff members and the importance of good infection control was explained to the person who used the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. Assessments included support needs and people's individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- People and their relatives praised the staff team for the care and support they delivered. One relative told us how much it meant for a person to be able to remain in their own home with this support. One relative said, "Sawbridge Primecare staff in our experience are reliable and trustworthy. We feel greatly reassured by their regular attendance and feedback."

Staff support: induction, training, skills and experience

- The registered manager provided records of staff training in areas including safeguarding, moving and handling, dementia, fire safety, infection control and the Mental Capacity Act. The staff team was new and at various stages of development with some not yet completed the basic core areas of training.
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they enjoyed good support from the registered manager. One staff member told us, "I have the relevant training needed for my role as a health care assistant, I enjoy wonderful support, and supervision from my care manager. The care manager from time to time checks my activities to be sure professional health care standards are met."
- Inductions for new staff involved shadow shifts prior to the new staff member working with people unsupervised. The registered manager said the amount of shadow shifts depended on the skills and confidence of the staff member.
- People and their relatives praised the staff team for their skills, knowledge and compassion. A person told us, "I feel very safe when care workers are supporting me because they are confident and competent in what they are doing."

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

- People and their relatives said, where people needed assistance to eat, staff supported them in a safe and effective manner.

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

- Staff provided effective care and support. We were given an example where a person using the service experienced a very quick decline in their health. The prompt action of the care staff attending meant the person received the help they needed in a timely manner and, therefore experienced a good outcome. The

person's family told the care worker they brought, "sunshine and light into their house". One family member wrote a song for the care worker to thank them.

- Sawbridge Primecare worked well with external professionals for the benefit of people who used the service. For example, a care worker told us how they had supported a person by accessing a timely response from a health professional. This meant the person received treatment they needed to prevent their health condition worsening and to keep them comfortable.
- Information was shared with other agencies if people needed to access other services such as hospitals.
- The registered manager told us they changed the times people received their support so they could support them to health appointments, if this was the person's choice. A relative confirmed this saying, "Adjustments to service pattern agreed readily and without fuss."

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives told us they had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff training in the mental capacity had been arranged. Capacity and consent were addressed at interview and during induction. The provider was passionate about people being respected, and their choices supported. This was checked at spots checks and during supervision.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives praised the staff team for the care and support they provided. A person told us, "The care workers are very helpful, very obliging and have never let us down." Another person told us, "Care workers do what they are supposed to do and are happy to change things if I ask them. I would definitely recommend Sawbridge Primecare to people looking for care and support in their own home."
- Staff took action to promote people's dignity. For example, a person had a significant number of regular visitors from the neighbourhood and this impacted on their wellbeing as care workers were unable to provide the personal care. A care worker politely asked people to leave so they could provide the care and promote the person's dignity. Care worker said the person had been grateful for this intervention.
- Staff were caring toward the people they support. For example, staff took a bouquet of flowers to a person for their birthday. Staff had taken the time and effort to ensure the bouquet was personalised with the person's favourite colour of blooms. The person was overwhelmed, thanked the staff member repeatedly and sent a card in to thank the staff team. The registered manager said, "We try to make people smile."

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

- A thorough assessment process helped ensure people's personal choices and preferences were explored. The assessment process captured people's views and feelings about many aspects of care including same gender care for example. The registered manager told us they were passionate about respect and dignity and believed it to be the basis of good care.
- People were consulted about changes to their care and these were documented. People and their relatives told us they were always involved in any decisions about their care. A relative said, "[provider] and [manager] are very responsive to anything we ask." A person told us, "They come to see me when I want them too which is good. They fit in with the person's requirements, for that reason I would recommend them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care to meet their individual needs and preferences. For example, when people wished to reduce their support, increase it or re-arrange it. A relative told us, "From the outset staff established (& have maintained) good rapport with their client and family members."
- Staff had a good understanding of the people they supported. Staff took time to get to know people's individual likes, dislikes and interests and incorporated these into their care. People said they enjoyed staff sitting and chatting with them. The registered manager said they encouraged staff to sit and chat with people because in most cases people's primary need was loneliness.

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 registered manager told us they had not had the need to make information available in different formats yet but said they would do so should the need arise.
- A person who used the service whose first language was not English became very unwell. A staff member was able to communicate with the person in their own language. This helped the person's recovery and their wellbeing because they could communicate their needs and wishes.

Improving care quality in response to complaints or concerns

- Sawbridge Primecare started to provide a service in March 2021. The provider advised no complaints had been received. People and their relatives told us they did know how to raise concerns, but they had not needed to raise any complaints and were confident they would be listened to by the management team if they needed to.

End of life care and support

- The provider reported the service did not provide this support at this time. They advised they would ensure the staff team received training about how to support people at end of life before they accepted any care packages defining this need.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had developed a system of quality monitoring to help ensure the service provided was safe and effective. These monitoring systems included spot checks, reviewing care plans and training records. No complaints had been received however; the provider had identified through their monitoring, some staff were running late for people's care visits but had failed to follow procedure by contacting the office to let them know. The provider undertook some spot checks to identify where the issue was and addressed it with staff.
- People and relatives told us they found the registered manager to be approachable and responsive. A relative told us, "Management 'walk the talk' and are easily approachable by staff and clients" They went on to say, "Very happy with their service and would recommend to others."
- Staff told us the management team were supportive. One staff member told us, "The support from the manager and head of care have been excellent. They are always 'hands on' and never hesitate to get their hands dirty if necessary. They always go for an extra mile to support new and existing staff."
- The registered manager had a clear understanding about the duty of candour and encouraged staff to be open and honest in their feedback.
- The management team and staff understood their roles and respected the impact their roles had for people. The registered manager worked alongside the staff team routinely and assessed the service provision as part of their daily work.

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

- People and their relatives gave positive feedback about the service and how it operated.
- Staff feedback was sought via satisfaction surveys and face to face meetings with the management team. Staff were positive about Sawbridge Primecare. One staff member said, "I will always recommend this company if someone looking to work into care. New staff are always well supported and vetted before they become confident to deliver care on their own."
- Regular feedback about the quality of the service provided was gathered from people and their relatives.

Continuous learning and improving care; Working in partnership with others

- Learning was taken from provider monitoring and accidents and incidents to improve people's experience

of care. For example, during spot checks the provider had identified staff were not always approaching people appropriately. For example, walking into people's homes and starting on care tasks without properly greeting the person, checking they were ready to receive their care. The provider advised these shortfalls had been addressed with staff members through individual supervision and refresher training.