

Sans Soucie Home Care Ltd

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Inspection report

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Date of inspection visit:
02 October 2018

Date of publication:
06 November 2018

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

Sans Soucie Home Care Limited is domiciliary care agency supporting people with a range of needs including learning disabilities, autistic spectrum disorder and people living with dementia. Not everyone using Sans Soucie Home Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the point of our inspection there were eight people supported by the service who were receiving a regulated activity.

The service had 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.

At our last inspection we rated the service 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 risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Staff were aware of the safeguarding process and knew how to keep people safe from risk of abuse.

Risk assessments were appropriately recorded and managed. This included in-depth risk assessments on people's health needs.

Medicines administration and recording procedures were correct.

Lessons were learned where things had gone wrong to improve the service. The registered manager was open and transparent about previous issues with missed calls and how these were dealt with.

Pre-admission assessments were thorough to ensure that people's needs could be met before the service started delivering care to them.

There were effective methods of communication between the team and other organisations.

People were supported to have access to a range of healthcare professionals including occupational therapists.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. Staff were aware of the principles of the Mental Capacity Act 2005 and people's

rights were protected.

Reviews of people's care plans included all relevant parties involved in their care.

People and relatives told us that staff were kind and caring. They also promoted people's independence where possible. In some cases, this had led to employment opportunities.

Care plans were person-centred and focused on what was important to people and their families.

Concerns and complaints were dealt with appropriately and monitored for trends. The registered manager ensured that people and their relatives were happy with the outcome of the complaint raised.

Staff and relatives felt that the registered manager was approachable.

There were auditing systems in place to monitor and improve the quality of care provided.

People, relatives and staff were engaged in the running of the service through surveys, questionnaires and meetings.

There were close working partnerships with other organisations.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

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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.

We carried out a comprehensive inspection on 2nd October 2018 which was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service so we needed to be sure that they would be in.

The team was made up of two inspectors. Before the inspection we gathered and reviewed information about the service from their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke to four staff members including the registered manager and referred to a number of records. These included two care plans, records around medicine management, staff recruitment files, policies around the running of the service, and how the organisation audits the quality of the service.

Following the inspection we spoke to one person who uses the service and three relatives.

Is the service safe?

Our findings

People and relatives told us they felt safe. One person told us, "Yes, I do feel safe with staff". One relative also told us, "She is very safe. They are like my sisters. I trust them implicitly."

People were safe from the risk of abuse. Staff were aware of safeguarding policies and procedures and their responsibilities to report any concerns. One staff member told us, "I would always contact my manger first. There's never been a case that hasn't been resolved but there are other agencies I could contact such as the safeguarding hub if I needed to so I'd never leave it unresolved." The service had individual policies for lone working and key safe guidance, and safeguarding was discussed as a topic within staff supervision. This meant that issues, concerns and knowledge around safeguarding could be discussed on a regular basis.

Risk assessments for people were thorough and managed appropriately by staff. We observed detailed risk assessments for people for example epilepsy. The care plan included information such as the type of seizure and the support required for the person during and after a seizure. There were also individual risk assessments around social isolation, continence, communication, and personal care. Guidance on how to mitigate risks were also available in people's care plans, such as how to support someone when mobilising. There was also a clear business continuity plan in place, which confirmed what steps would be taken in situations such as adverse weather, IT issues and traffic delays to ensure that people still received the care they required.

There were a sufficient number of staff to meet people's needs. One staff member told us, "There's always somebody around to get there" if there was any staff sickness. The service was able to maintain staffing levels by offering overtime and by promoting a flexible workforce. A staff member said, "You're given the opportunity to work flexibly. This makes you feel valued as an employee and that they want you to stay because of the work life balance they give." Robust recruitment checks were in place to ensure that staff were suitable. The service's recruitment policy stated that staff could not start employment until references and a Disclosure Barring Service check had been completed. This was evidenced in the recruitment files we checked during our inspection.

Medicine recording and administration procedures were safe. One person told us, "They give me my medicines and yes, they are always absolutely on time." There were no gaps in Medicine Administration Records (MARs) meaning that people were receiving their medicine consistently, and there was a clear protocol for 'as and whe'n medicine (PRN). People were kept safe due to staff's knowledge of their specific needs around medicines. Staff had been trained to administer specialised medicines in the event of a seizure. A relative told us, "It is one tablet and they have been trained in how to give it to her [their family member]."

The service ensured infection control procedures were adhered to. One person told us, "They do (wear gloves) when carrying out personal care." One staff member said, "There are gloves and aprons provided. And for people with cultural values where you need to take your shoes off as they shouldn't be worn in the house, we're given specialised shoe covers for this". Gloves and aprons were provided to staff for when

carrying out personal care. This was ensured by care supervisors dropping infection control equipment at people's houses in preparation for staff.

Lessons were learned where things had gone wrong to improve the service. Accident and incident forms were completed and noted what had happened, the actions taken and target dates for completion and an outcome. The total amount of accidents and incidents were monitored and analysed to identify any shortfalls in service. The registered manager was open and transparent about previous issues with people missing calls due to miscommunication of rotas. However, this was picked up as a trend from the monitoring tool and measures were taken to prevent it from occurring in the future. This included employing a care coordinator to create and clearly communicate the rotas to staff.

Is the service effective?

Our findings

Staff had the knowledge required to meet people's needs. One person told us that their regular carer was training another staff member on their daily routine and needs in preparation for if the regular carer was on leave. Staff also said training was relevant to their role and helped them deliver effective care. One staff member said, "We do online training refresher courses. I wouldn't be able to support someone with a feeding tube without the training". Another told us, "The training helped 100%. Especially things like moving and handling." Another staff member told us that they had not been confident with using hoisting equipment so the registered manager arranged additional shadowing and training for them. The quality of care delivered by staff was regularly checked.

Staff received regular supervision, appraisals and spot checks by the registered manager to monitor that effective care was being delivered. One staff member told us, "Supervision hasn't always been regular but it's getting better now. It's meant to be six weeks and that's what it is at the moment." Staff were also given travelling time between care calls to ensure that people were receiving the full amount of time for care they required. One staff member said, "They've recently got a new system but even with the old system they always scheduled travel time in with the distances." The registered manager told us, "We always ensure they have half an hour between each call".

People's pre-admission assessments were thorough to ensure that the service could meet people's needs before providing them with care. The registered manager said, "We ask the local authority to give us their own assessment, then we ask the service user or guardian to complete one, and then we carry out our own assessment." We observed that the information gathered during pre-admission assessments was transferred to the person's care plan. This included information regarding people's mobility, medical history and communication needs.

People were supported to achieve good outcomes for their nutrition where possible. One person had a Percutaneous endoscopic gastrostomy (PEG) feeding tube as they were unable to swallow food safely. However, it had been agreed by professionals and relatives that the person was able to sample small spoonfuls of food at the cookery class they were supported to attend by staff. Staff ensured that the food was soft and that it met the person's religious needs. This consequently improved the person's wellbeing as they were able to sample the food they had been supported to prepare in class.

Communication between staff members was effective. One staff member said, "We have great communication within the staffing team". Another said, "It's good. If somebody cancels they let you know straight away. Its efficient." The registered manager and staff also informed us that they have an electronic encrypted messaging system in order to communicate important information quickly and effectively. This meant that people were cared for by staff who knew their up to date needs. There was also effective communication between organisations. The registered manager informed us that when there had been a medication issue when working alongside another agency, "We had a multi-disciplinary meeting to work together." This led to good outcomes for people.

People were supported to maintain their health and wellbeing. A staff member told us, "We always liaise with social workers and the transition team, so we know if we need any extra support it's there." The service had contacted the occupational health team for someone that required equipment. This had resulted in them being provided with the equipment needed and assistance to rearrange furniture in their home to help better meet their needs. People were also supported to attend medical appointments.

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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the principles of the Act. One staff member told us, "Most of the clients I support have mental capacity and if not, they have parents there to support. If they are able to make little decisions though as small as they are I make sure I ask them." Another staff member said, "We're working with vulnerable adults so its understanding and emphasising the need to understand if someone's got capacity to make a decision and how we support people to make it. You respect their wishes and don't force someone in to a position where you're bullying them almost." People's rights were protected. Mental capacity assessments were decision specific and best interest meetings had included all people involved in a person's care. Staff completed training regarding the MCA as part of their induction, and a copy of the principles of the Mental Capacity Act were available for staff to refer to at any point.

Is the service caring?

Our findings

Staff were kind and caring towards people. One person said "I like [staff name], she's been fabulous." A relative said, "They know [the person's] needs." They added, "The staff communicate with [the person]. Even though [they] can't speak the staff are always talking to [them]." Another relative told us, "They [staff] are absolutely wonderful people. They always make sure she has the same carers each week. There are two or three who know her really well." The registered manager and staff promoted the wellbeing of the people using the service. A compliment received from a person using the service said, "[The staff] make me want to get up and I do more than I have ever done. My Mum, Dad and sister have seen a change in me." The registered manager told us, "I think our biggest achievements are our success stories. Its lovely to see that a young adult who thought they couldn't be employed now has a job he loves."

Reviews of care needs included people and others who were involved in their care. Care plans showed that reviews were taking place regularly and included a variety of professionals and people involved in a person's care. This included relatives, staff members, and day centre workers. This meant that all relevant people had been involved in the planning of people's care which gave a holistic view. Review documents also included what action should be taken following the meeting. This allowed for good outcomes for people to be documented and reviewed.

People's independence was promoted where possible. One staff member said, "I think what we do best is promote people's independence in society for people who feel socially isolated. I feel its promoting independence without them feeling they have the barriers of a disability." One care plan review stated that one person had been regularly attending a day centre. It stated, "She has benefited from additional opportunities to spend time with her peer group and develop a sense of independence." Another staff member told us, "[The registered manager] believes that we haven't been given these hours to just sit and have coffee. She tells us it's to be used to benefit them, such as helping them volunteer." The registered manager showed us examples of people who had benefited from these opportunities as it had increased their confidence and opened up employment opportunities for them.

People's privacy and dignity were respected. One relative said, "Staff totally respect [the person] and also my house." Another told us that staff showed his daughter respect and dignity saying, "They are very caring towards her." Care plans contained information on how to maintain privacy and dignity. This included information such as, "Wrap a towel or gown when moving [the person] from bathroom."

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Relatives told us staff took their family members out to the day centre or swimming. One staff member said, "I think we're very thorough in making sure their plans are followed. We make sure the aims they strive to achieve are put forward. It's amazing, it really is." Staff of a similar age to a person had been temporarily employed so that they were able to assist them with their educational essays during the summer break. This meant that staff were able to provide peer support as well as meeting people's basic care needs. The registered manager told us, "We also help the families" which we saw evidence of during our inspection. It was noted in one person's care plan that during a religious festival, the care calls would be changed to facilitate the family to attend a prayer ceremony late at night.

Care documents also promoted equality and diversity. One person's care plan stated, "I am Muslim and staff must respect my culture and religion." It went on to say how staff could do this. Daily notes were also person-centred. They were detailed and gave descriptions of the activities people had participated in each day and the care needs completed.

Concerns were dealt with appropriately and monitored for trends. One relative said, "Yes, I would definitely know how to complain – I would speak to [the registered manager]." Complaints received were investigated immediately and the registered manager checked that the complainant was satisfied with the outcome reached. A relative told us they had complained to the registered manager about a carer who did not communicate with their family member well and the registered manager replaced the member of staff. Complaints were also monitored to pick up and trends or reoccurring events. For example, the service had recently had a high number of complaints relating to staff using phones while at work. This was discussed at one to ones and meetings as well as an email being sent out to staff to remind them to not use their phones at work. The registered manager used this information to improve the quality of care provided.

At the time of our inspection, no one was receiving end of life care. The registered manager told us that end of life care plans would be completed when people were happy to talk to them about the subject.

Is the service well-led?

Our findings

Relatives and staff felt the service was well led. One relative said, "I have a good relationship with management. I don't see them all the time, but sometimes. If I am unsure or unhappy about something I could contact them." A staff member also said, "I've had lots of good feedback. She knows whose stronger in different areas and what their skills are and she utilises them." Another staff member said "I feel my manager is brilliant and I can talk to her any day of the week. I feel she's very approachable to me. She's welcoming and will have me in at any time if I need to speak to her and makes sure she pays attention."

The registered manager and staff promoted a positive atmosphere and person centred approach to care in 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.

One staff member said, "[The registered manager] is good. She leaves no stone unturned. She believes there is no reason we can't do everything perfectly. It has helped as we've become the best support workers we can be." Another staff member told us, "We have more wins than fails. What we have been doing has been working well." A further staff member said, "I really enjoy meeting different people and adjusting how I work quickly to meet their personalities." The service strived to achieve good outcomes for people through empowerment which was evident in the success stories they provided us with.

People, staff and relatives were involved and engaged in the running of the service. Surveys and questionnaires were sent to people and their relatives regularly. The results confirmed that 99% of people were happy with the service provided, and 100% of people felt that staff completed all of the tasks in people's care plans. Staff surveys were also completed. The main positive feedback from staff was regarding training and understanding their responsibilities. Where shortfalls had been documented in the surveys, action had been taken to resolve this. For example, a service user and relative's survey had confirmed that people and their relatives felt that the punctuality of staff could be improved. The manager had consequently changed the administration process in the office to improve punctuality.

There were auditing systems in place to monitor and improve the quality of care provided. The registered manager told us, "I'm a hands on manager. I like to make sure things are done right." One staff member said, "I do the quality assurance calls and if there are any problems at all I always tell the manager and it gets sorted straight away." The service monitored trends in relation to safeguarding, incidents, complaints and compliments. These were compared to the figures for the year before to see if the levels of each had increased or decreased. The results were then discussed in team meetings and appropriate action taken. For example, the registered manager told us, "A lot of the [missed calls] were due to a change of service coordinator. We want to make sure that the role is now supported and stable." Therefore, responsibilities were understood and managed.

The service was continuously trying to find innovative ways to improve. They had recently implemented a

new IT system which allowed staff to log in and view and complete care documents at people's houses. One staff member said "It's definitely better this way. It's nice having all the information with you constantly." Another staff member said, "Everybody seems to like it. We really like it as we can see the last entry made by someone." The registered manager also informed us that the service was looking to rent a property nearby so that staff from further afield would be able to stay there for the week before returning home at the weekend. This allowed the service to consider sustainability as well as drive improvement of its quality.

The service worked in close partnership with a variety of organisations to achieve good outcomes for people. The service had strong links with voluntary organisations that supported young adults with finding employment and a local day centre. Therefore, this allowed people to improve their wellbeing as well as be actively involved in their community.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on their website