

Sarah's Home Care Ltd

# Sarah's Home Care Ltd

## Inspection report

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23 April 2018

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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

Sarah's Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, some of whom are living with dementia, people with physical or learning disability, and people with a mental health need. The Care Quality Commission (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.

Sarah's Home Care Limited provides the regulated activity of personal care from an office based in Watford. At the time of this inspection there were 14 people using the service.

This inspection took place over three days. On the 12 April 2018 we visited the site office. On the 19 April 2018 we visited people in their own homes and on 23 April 2018 we contacted relatives in order to obtain their feedback about the service. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

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.

This was the first comprehensive inspection since the service was registered with the CQC in January 2017.

At this inspection we found that people received care and support in a safe, effective and personalised way.

Staff knew what keeping people safe meant as well as how to achieve this by managing any identified risk. Staff were trained in safeguarding people and were informed about who they could report any incident of harm to.

People were given information in a format that they could understand about staying safe.

Robust checks were in place to check that staff were only employed once they had been safe and suitable to care for people using the service.

People's needs were met by staff who were trained appropriately for their role and they were deployed to ensure people's needs were met.

People were supported to take their prescribed medicines safely. Staff were trained and deemed competent to support people's medicines by staff who had the skills to do this.

Staff were supported in their role and they knew what standard of care was expected. Incidents were used

as an opportunity for learning and to help drive improvements.

People were enabled to access healthcare services. People's nutritional needs were met by staff who knew each person's needs well. Staff knew when people needed support and also when to respect people's independence.

The equipment that staff supported people with was regularly checked to make sure that it was safe.

A positive and good working relationship existed between the registered manager, care staff and relevant stakeholders. People were supported in partnership with other organisations including healthcare professionals to help provide joined up care.

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 in the service supported this practice.

People were involved in their care and relatives or friends helped provide information, which contributed to people's independent living skills.

People's care plans contained detailed information about the person to assist staff with providing person centred care. Staff understood how to provide care that was compassionate as well as promoting people's independence.

People were provided with information about, and or enabled to access, advocacy services when required.

Complaints were investigated in line with the provider's policies and procedures. Complaints were acted upon before they became a complaint.

Support arrangements and procedures were in place to understand and meet the needs of people requiring end of life care when this was required.

The registered manager motivated the staff team with regular meetings, formal supervision, mentoring and being shadowed by experienced staff.

The registered manager notified the CQC about events that, by law, they were required to do so. Regular audits were completed and effective in identifying areas that required further development or improvement.

An open and honest staff team culture had been established by the provider and this meant incidents were reported where they needed to be.

## 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.

Safe recruitment processes were consistently followed to ensure potential staff were suitable to work in a supported living environment.

Potential risks to people's health and well-being were reviewed annually.

People were kept safe by staff who were trained to recognise and respond effectively to the risks of abuse.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

Staff protected people from the risk of infections by following universal precaution procedures.

People`s medicines were managed safely and effectively by trained staff who had their competencies checked regularly.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with appropriate training and support to help them meet people's needs effectively.

People's consent and permission was obtained before care and support was provided. Where people were unable to make decisions relating to their care the service followed the requirements of the Mental Capacity Act 2005 to ensure the care people received was in their best interest.

People were encouraged where appropriate to eat a healthy balanced diet.

People were supported to meet their day to day health needs and to access health care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had an assessment of their needs prior to support commencing and this was reviewed regularly to ensure their needs were constantly met.

People, their relatives and friends where appropriate, had been involved in developing people's care plans.

People told us that staff supported them to pursue their own interests or pursuits within the local community.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual support needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives knew the registered manager by name and felt that they were approachable with any concerns.

People we spoke with told us that they felt that Sarah's Home care Limited was well managed.

The provider demonstrated a detailed knowledge of the staff they employed and people who used the service.

Staff told us that the provider, registered manager and senior staff team were approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help

ensure that the service provided for people was safe.

People were given opportunities to provide feedback about the service they received.

The service worked in partnership with other health and social care professionals involved in people`s care to ensure the support people received met their needs fully.

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# Sarah's 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 inspection activity started on 12 April 2018 and ended on 23 April 2018 and was announced. The inspection process included visiting people within their own homes, speaking on the telephone to relatives and friends of people who used the service and staff members in order to obtain their views.

The provider had completed and returned their Provider Information Return [PIR] in December 2017. 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. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, four relatives, three staff members and the provider. We looked at three people's care records and three staff files. We reviewed other documents including audits, records relating to the management of the service, training and recruitment records and medicine records. Prior to our inspection we also sought the views of the local authority's contract monitoring officers.

## Is the service safe?

### Our findings

People told us that they felt safe. One person told us, "I feel completely safe." Another person told us, "Absolutely, I feel very safe and very well cared for." Relatives told us that they felt people were safe. One relative told us, "This is a very personalised service and by that very nature it means [name] get the safe and professional care that they deserve."

People were supported by care staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates.

We found that people were supported by staff who had undergone a robust recruitment process. We reviewed the recruitment records of three staff members. All three records demonstrated a complete employment history, together with a criminal record check and two references. The registered manager had carried out a selection procedure that included a test to check staff knowledge with regard to support, prior to offering them a post. This helped ensure that staff employed were of sufficient good character and suitable for the role they performed.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks. Examples included moving and handling, environmental risk assessments and risks associated with choking. Care staff said they were aware of how to ensure people were kept safe in accordance with the person's risk assessments. We saw that risk assessments were regularly reviewed and cross referenced to care and support plans so that people's care needs were known and well-coordinated by the care staff team. We saw that people's diversity and cultural values were respected by the staff. We saw that people's records were accurate and kept up to date and stored securely in the service's office.

We found that there were sufficient staff to meet people's needs. We saw that rotas' were planned in advance and people were supported on a one to one basis.

Staff received equality and diversity training as part of their as part of their on going development.

The registered manager told us staffing levels were monitored on an on going basis to ensure that the people's care and support needs could be safely met. People we spoke with and their relatives told us that staff were on time and were available to support them with their care both in their own home and when accessing the community. Care staff told us that there were sufficient numbers of staff available and that the registered manager ensured that they received their rotas in advance in order to plan their work and personal lives. One member of staff said, "The [registered] manager is very supportive and 'hands on' and regularly covers shifts, during the week and at weekends."

Recruitment of staff was on going and new staff had completed an induction and shadowed more experienced staff so that they had an understanding and felt confident about how to provide the required care and support. This was confirmed by staff we spoke with.



Arrangements were in place in relation to the administration and recording of people's medicines. Care staff had received training regarding administration of people's medicines and this was confirmed in the training records that we saw. Care staff also received competency checks to monitor their practice when administering people's medication. We saw that the level of support that people required with their medicines had been assessed and was recorded in their care plan and also whether the person/their family would be responsible for the administration of medicines.

There were systems in place to help promote infection control. These included training for staff and discussions in staff meetings regarding health and safety and infection control issues. Care staff had access to supplies of personal protective equipment.

The registered manager monitored accidents and incidents and analysed any trends so that further occurrences were minimised. Care staff understood their responsibilities in raising concerns and to record safety incidents and to report them appropriately to the registered manager and office based staff when needed.

## Is the service effective?

### Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "I feel that all the staff that help [name] are skilled in being kind and caring." One person we visited told us "They are the best carers I have ever had and I have had many, these girls are the best that you could find".

People's care and support needs were assessed to help determine how these needs would best be met. Examples of needs which had been determined included those for washing, dressing, moving and handling and health conditions which staff needed to be aware of. This was as well as any equipment which people had been determined as having a need for. People's needs were supported by staff who treated people equally and regardless of how complex each person's needs were.

We checked the care plans of two people and records confirmed that people, where able, had signed to give their consent to the support provided. This included consent for their photograph being taken and consent for support with taking their medicines. People confirmed that care staff asked for their agreement before they provided any support and respected their wishes to sometimes decline certain tasks. One person we spoke with told us, "They never start anything without asking first, which means they respect me. I have never had a reason to challenge them as they know me well and how I like to be cared for, in a respectful way."

People and their relatives told us that the support provided by Sarah's Home Care was appropriate to meet people's needs. One relative said, "They help [name] live as independently as possible. The quality of care they receive is second to none and it's so nice that [name] can remain in their own home for as long as possible."

Another relative of a person who used the service told us, "They all know [name] very well and I don't really have to remind any of the carers what they need to do or what [name] likes and dislikes are because they all know [name] so well."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff told us they received training and regular updates in topics like Mental Capacity Act Training, safeguarding and diabetes. One staff member said, "The training we are given is constant and relevant to the work I do, it makes me a better and more knowledgeable person and professional." We saw that care staff had recently received training in Mental Capacity Act Training, safeguarding and moving and handling training.

Staff completed an induction when they commenced employment with Sarah's Home Care Services. The induction programme was aligned with the Care Certificate framework and included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of time where newly recruited staff members worked alongside more experienced staff until the staff member felt confident to work alone. This also served to introduce new care staff to people who used

the service. One staff member said, "I have felt very well supported. I have done my mandatory training which gave me a good insight into the job in hand and how to best support people."

The registered manager and care staff confirmed that there was a programme of staff supervision in place as well as regular staff meetings. One person told us, "I like to have my supervisions regularly as a way of support and guidance." We spoke with three staff members and they all told us that they found their manager very helpful and supportive

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. We checked whether the service was working within the principles of the MCA. All care staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

The registered manager demonstrated a good understanding of when it was necessary to involve people's relatives or health and social professionals in making best interest decisions on behalf of people with limited capacity to make meaningful decisions.

One person told us, "The care staff give me time to choose what I want to eat and I am never rushed because I don't like that, the care staff respect that and let me do things in my own time and when I want to do them and not when it suits them." Care staff had a good understanding of the MCA and its code of practice. People told us that staff supported them to make informed choices such as offering a selection of clothes and how they liked their personal care provided. This was as well as supporting people to take their medicines. One staff member said, "I always start from the basis that people can make their own choices." People could be confident that their choices would be respected and any care that was provided in a person's best interests would be lawfully agreed.

People were supported with their nutritional needs by staff who knew what people's food and drink preferences were. One person we visited said, "The carers always prepare the foods that I like and they always make me a drink before they leave me." Care staff told us they promoted people's choices by prompting them with a selection of meal and drink options. Where required, staff monitored people's daily food and drink intake to ensure they had sufficient quantities as well as a diet that was appropriate, such as a low fat or sugar free diet.

People were supported to attend appointments at their GP or other health related professionals. One person told us they attended regular appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they attended to hospital.

## Is the service caring?

### Our findings

People told us that they were happy and that care staff were caring and kind. For example one relative said, "I consider the care my [family member] receives is nothing but excellent, the manager also does hands on care which is a bonus as they can see first-hand what goes on and if there is anything that needs to improve, which there isn't."

Relatives we spoke confirmed that they had been involved in reviews of their family members care and support where appropriate. One person told us they were aware of their care plan and had agreed with what was recorded in them. One relative said, "The manager and the carers are always at the end of the phone if we need to ask anything about [family member]." Relatives said that communication was very good with care staff at the service. One relative said, "I feel that because this is a quite a small company we get very personal and tailor made service for [name]."

People told us that staff respected their privacy and dignity and made sure that they supported them in the way they wished, and encouraged them also to remain as independent as possible. A person who used the service said, "I like to try and stay as independent as possible, even if I'm getting on a bit so the staff always try and encourage me to do things for myself, first."

People knew about their support plans and told us that both the registered manager and care staff regularly asked about their support needs in order for their support plan to be updated as their needs changed.

One relative confirmed that their family member had been involved in their support plan. They told us that their preferences had been sought and were respected. One relative said, "We get a letter to tell us when the meeting will be and we do our best to attend however we have no concerns or issues about the care provided by Sarah's Home Care and therefore if we are unable to attend the review we go through the paperwork when we next visit but the staff are very professional and have [name] best interests at heart."

Information about local advocacy services was available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

## Is the service responsive?

### Our findings

People spoke positively about the care staff and were satisfied with the care and support they received. A relative told us "[name] is supported to attend their weekly golfing session which means that they can still maintain contact with their friends. They also help arrange social gatherings in [name] flat which is lovely." One person said, "The staff and manager are flexible to my needs and will work around me if I have an appointment or need to be at my day centre at a certain time."

People said they were able to choose their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. One person said, "The staff are very good and arrive on time and they always let me know if they are running late".

People spoke very positively about the registered manager and the care staff and were extremely satisfied with the care and support they received. One person told us, "The carers are all amazing, every one of them and I always know who is coming to see me, which is important to me as I can get anxious when arrangements change sometimes."

A relative also told us, "They (staff) know my [family member] very well and how they want their care to be provided, they do this in the most personal and respectful way, which is why I would recommend this agency to friends."

Care and support was provided in a 'person centred' way and staff ensured that people's preferences were recorded in detail. Staff we spoke with confirmed this to be the case. Examples included assistance with personal care, social activities, daily living routines, assisting with accessing the community, activities, assistance with medicine and preparation of meals. For example one care plan we reviewed stated, 'I am able to wash myself but please point me to the lightest flannel for my face. I like to sit on the bed to get dressed and please wet my comb. I like to brush my hair and divide it into three parts with clips. I like weak tea, sugar and whatever the weather I like to wear a hat and scarf.' This confirmed the service ensured that people's needs and preferences were respected, valued and incorporated on to their daily living plan.

Care plans were up to date and continued to be regularly reviewed and highlighted where care and support needs had changed. Care staff confirmed that the care plans gave them detailed information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the registered manager to evaluate care practices and identify areas for improvement and development. Relatives we spoke with confirmed that they were involved in reviews, where appropriate.

One relative said, "They [registered manager and care staff] always contact me if there are any changes to [family member] care and support needs."

People and their relatives said that they knew how to raise concerns and that the registered manager and

care staff were always willing to listen to their views and responded to any concerns they raised. One relative said, "I can always raise any issues and I feel listened to." One person said, "I can always speak to (registered manager) any time and they are always professional but friendly."

People had their end of life care wishes recorded as part of their initial assessment when this was appropriate. The registered manager confirmed that where end of life issues arose they had been involved with appropriate services including the person's GP and community nursing team. The service also liaised with people's families regarding their family member's end of life wishes.

## Is the service well-led?

### Our findings

People told us that they knew and they liked the registered manager. One person said, "I see the manager all the time because they come and deliver my care to me at the weekends." Relatives were also positive about the registered manager and how the service was run. One relative said, "[manager's name] is always so friendly, and is always at the end of the phone if we need to speak to them or have any concerns or worries." Another relative told us, "This care agency is the best one around; I would highly recommend it to anyone."

Staff were very positive about the registered manager. One staff member said, "I feel valued and respected by the [registered] manager for the work I do, we are a small and very friendly team who support each other."

We saw that the registered manager completed monthly quality monitoring audits that covered all aspects of the service. This included, support plan audits, spot checks and training plans. We saw evidence that the provider cross referenced and assessed these audits against the quality standards that CQC uses to assess and rate services.

There were regular meetings both informal and formal where staff had the opportunity to discuss any concerns or issues they had with the registered manager and where they were also updated and informed of any changes to practice of care.

We found that training records were up to date and we could be assured that all the necessary training had been completed. Staff told us they accessed regular training and this was confirmed within the three staff files reviewed as part of this inspection.

We found that personal records that related to people's care and support needs were kept up to date and reflected the support people needed, and were either signed by the people who were being supported or their representative. People's confidential information was securely stored within the site office.

The provider was clear about their vision regarding the service, how it operated and the level of support provided to people. They told us, "We are very committed in maintaining people's independence within their own homes for as long as possible." We found the registered manager and care staff were very knowledgeable about the people who used the service, their needs, personal circumstances and family relationships.

People's and staff member's views about the service were all very positive. We saw from the most recent satisfaction survey completed in October 2017 that people who used the service, their relatives and outside professionals were very impressed by the service provided. One relative told us, "We have been very happy with Sarah's team from the start and consider ourselves fortunate to have found them." Another person told us, "My care is totally satisfactory and [name] looks after me excellently."

Staff understood their roles and were clear about their responsibilities and what was expected of them. One

staff member told us, "I love this work and although it can be very busy at times, I feel we support people to achieve a good quality of life whilst staying in their own homes."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager, and care staff all had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.

The service had an open and transparent culture with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. This included working with local specialist advisors and clinical professionals in supporting people with their care needs.