

Saffron Care Ltd

Saffron Care Agency

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 

Overall summary

Saffron Care Agency provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work.

The provider of the service also worked as the registered manager in day to day charge of 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 visited the office on 15 October 2015. At the time of this announced inspection 180 people were using the service. Our last inspection took place in August 2014 when it met the regulations we looked at.

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included "The girls are fantastic, kind, considerate and we have a laugh"; "If I need a cuddle, they'll give me one. I'm blessed"; and "They are marvellous. I don't know how they can be so cheerful in

Summary of findings

the mornings but they are". People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way.

People and their relatives told us they felt safe when they received care. People told us 'I generally get the same people and I feel very safe with them' and 'I have no worries at all when they are in the house.' There was an on call system for people to ring in the event of an emergency out of office hours. One relative told us it was easy to contact the service in the evenings and at weekends, and they had received a response in the middle of the night.

Care plans described in detail the support people needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests and met their needs appropriately. Most people had a regular team of staff who had the appropriate skills to meet their needs. Nearly everyone we spoke with said it is very important that they got the same care staff as far as possible because they were not comfortable with 'change.' Comments included "I really like to have the same one or two staff and that normally happens"; "I do know who is coming"; and "I'm very happy with the way they do things". One person said, "I used to have the same staff all the time but now they're all different". We spoke with the registered manager who told us the staff member who allocated visits had recently left. They told us this had caused some issues but was now improving.

Rotas were sent out to people each week with visit times and the names of staff who would support them. People said "If they are a bit late they normally let me know"; "They never let me down" and "They're occasionally late, it's very rare". One relative told us some visits had been too early previously but this had improved. The service was flexible and responsive to changes in people's needs. People said "I have my own routines and they are always very flexible. I don't always want the same thing at the same time but I only have to let them know" and "They are extremely flexible, you can ring up and change things at short notice".

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People were protected by staff who had completed safeguarding training and knew what to do if they were concerned that a person was being abused. Staff told us they had completed training. One staff member said "It's so much better, we used to just watch DVDs, now we have face to face training. We can discuss issues about our practice and ask questions".

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. Where people were supported to have their medicines this was done safely. People had received their medicines as they had been prescribed by their doctor to promote good health.

People told us the registered manager knew them well. Comments included "The owner is very good. He is a very practical and sensible person"; "He pops down to see how things are; he's the best" and "We get on very well". Staff told us they worked well as a team and found the registered manager and team leaders approachable. Comments included "(The registered manager) is brilliant, he knows every aspect of every client"; "I feel able to go to them constantly, they've been really supportive" and "They're always there at the end of the phone, they're all fantastic".

People felt that the management were extremely responsive when they had any concerns. For example, one relative told us, "Most care staff do the job really well but the odd time I've had a little problem, I usually get through to the owner and he always deals with thing quickly and reassures me not to worry".

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements. A healthcare professional told us the registered manager was responsive and helpful, and always willing to discuss things.

Summary of findings

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 safe.

People and their relatives told us they felt safe when they received care. There was an on call system for people to ring in the event of an emergency out of office hours.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Good



Is the service effective?

The service was effective.

Most people had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff completed training and had the opportunity to discuss their practice.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the way staff treated them. Care workers were kind and compassionate.

People were happy and relaxed when we visited them in their homes. Staff treated people with respect and kindness.

Good



Is the service responsive?

The service was responsive.

Care plans described in detail the support people needed to manage their day to day health needs.

The service was flexible and responsive to changes in people's needs.

People felt that the management were extremely responsive when they had any concerns.

Good



Is the service well-led?

The service was well-led.

The registered manager knew about the needs of the people who used the service. People and staff found the registered manager and team leaders approachable.

Staff enjoyed their work and told us the management were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

Good



Saffron Care Agency

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 checked 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 visit took place on 15 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people on 20 and 21 October 2015.

One social care inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people.

Before the inspection we reviewed the information we held about the service.

On the day of our visit, 180 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with 19 people and 7 relatives on the telephone or in person. We visited three people in their homes. We spoke with ten staff, the registered manager, and received feedback from one health care professional.

We looked at five care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when they received care. People told us ‘I generally get the same people and I feel very safe with them’ and ‘I have no worries at all when they are in the house.’ Some people had key safes installed outside of their homes. This allowed staff access to people’s homes when people were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving.

Staff had received training in safeguarding vulnerable adults. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service’s safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. The registered manager told us if they had any safeguarding concerns they would raise these with the local authority safeguarding team.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, some people needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely. Where one person required the use of a hoist to transfer to a specialist chair, we found training had been provided by an occupational therapist. We saw two staff using the hoist. Staff followed the care plan and risk assessment and moved the person safely. Another person told us staff reduced their risk of falls as they were careful to put things where they could easily reach them.

People were supported safely with their medicines and told us they were happy with the support they received. We saw staff give one person their medicines. Staff offered the person a drink when taking their medicines. Staff completed medication administration record (MAR) sheets

after they had given the person their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health.

Recruitment practices were safe and relevant checks had been completed. A new member of staff told us references and a disclosure and barring service (DBS) check had been completed before they started to work for the provider. The DBS provides criminal records checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service employed enough staff to carry out people’s visits and keep them safe. The registered manager told us the team leaders were available to cover visits if staff were off work at short notice.

Staff told us they had enough time at each visit to ensure they delivered care safely. People told us the service was reliable. One person said “I nearly always know who is coming and there have been times when even the owner comes himself if cover is needed”.

The service had missed four visits due to staff not checking the rota properly. They assured us people had not been placed at risk as a result of this. The registered manager had followed these up with the staff concerned to minimise the risk of it happening again.

There was an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. One relative told us it was easy to contact the service in the evenings and at weekends, and they had received a response in the middle of the night.

There were arrangements in place to deal with foreseeable emergencies. For example, the service had access to 4x4 vehicles for use in extreme weather conditions. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People told us they were happy that staff knew how to meet their needs.

Most people had a regular team of staff who had the appropriate skills to meet their needs. Nearly everyone we spoke with said it is very important that they got the same care staff as far as possible because they were not comfortable with 'change.' Comments included "I really like to have the same one or two staff and that normally happens"; "I do know who is coming"; and "I'm very happy with the way they do things". One person said, "I used to have the same staff all the time but now they're all different". We spoke with the registered manager who told us the staff member who allocated visits had recently left. They told us this had caused some issues but was now improving.

The service employed a training manager. New staff completed training before going out to visit people. One staff member had recently completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Another member of staff told us about the training, they said "It's so much better, we used to just watch DVDs, now we have face to face training. We can discuss issues about our practice and ask questions. I have enjoyed all of the sessions". Staff told us they had completed training in areas relating to care practice, people's needs, and health and safety. Staff told us they were encouraged to gain further qualifications and complete diplomas in health and social care.

New staff worked alongside experienced staff to observe how people had their care delivered. One member of staff told us they were supporting a new staff member on visits. The new staff member was going to take over regular visits to people from another staff member who was due to go on maternity leave. This showed the service planned ahead to ensure continuity of people's care. One person told us they were very happy with the new staff member. All the staff told us they felt well supported. Comments included "Team leaders have been really supportive" and "They're always there at the end of the phone".

Staff received regular supervision which included observations of their care practice. Team leaders had

carried out several observations on the day of our inspection. The records showed that staff's training needs had been addressed and observations had been carried out to check understanding. Staff commented "It's nice to know I'm doing the job properly" and "I didn't have my identity badge on one occasion. I make sure I have it now". Regular staff meetings were also held. Staff told us they shared information and their practice so they met people's needs and preferences.

The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. They had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained if a person lacked capacity to make certain decisions; a mental capacity assessment would be carried out. They had the appropriate assessment forms available. Staff gained consent from people before carrying out personal care and respected people's choices.

People were supported to access healthcare services. For example, one staff member told us about the action they had taken when they were concerned about a person. Care staff visited and found a person was unwell. The person said they would contact the GP later. The staff offered to call the GP straight away, which they did. After taking advice, the staff member told us how they made sure the person was comfortable until they were admitted to hospital.

Staff supported some people to choose and prepare their meals. Staff knew people's food and preferences and how to support people to make healthy meal choices. Staff asked one person what they would like for lunch. Staff spent time sitting with this person and encouraging them to eat. They chatted with the person and offered them more to eat. The person enjoyed the sociable mealtime experience. Another person said "I think they would do anything I asked but my family stock my freezer with ready meals so they just have to put them in the microwave. I tell them what I would like and they do it for me". Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People and their relatives were positive about the way staff treated them. Each person we spoke with told us their care workers were kind and compassionate. Comments included “The girls are fantastic, kind, considerate and we have a laugh”; “If I need a cuddle, they’ll give me one. I’m blessed”; and “They are marvellous. I don’t know how they can be so cheerful in the mornings but they are”.

Staff spoke about people with compassion and concern. Staff comments included “I’m passionate about my work” and “If we’re happy, people are”. One staff member told us how they had tried different methods to encourage one person to eat more. They found that if they left the person and came back to them a bit later they would eat more. The staff member said “Because you’re relaxed, they are. If it takes longer, it does”. Another staff member told us about a person who liked things to be done in a certain way. They sat down with the person and worked out how to do things together. The staff member told us they knew this had worked, when they were due to go on holiday, the person said they would miss them. The staff member told us they left a note in the person’s care plan to help other staff.

People told us staff were respectful and polite. Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. During a home visit, we observed the person was relaxed in the company of the staff who were supporting them. Staff explained what they were doing, ensured the person was comfortable and chatted with them.

Staff respected people’s privacy and dignity. People told us they were treated with respect. One person said “The staff are very discreet and I never feel embarrassed”. Staff completed training to help ensure they understood how to respect people’s privacy, dignity and rights. Team leaders

observed staff’s practice to make sure they used these values within their work. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Staff encouraged people to be as independent as possible. For example, one person was determined to walk again. They did exercises and pushed themselves up on the chair without their frame in front of them. Staff respected the person’s right and choice to do this. The person had started walking again. Another person said, “(My relative) just has one visit in the morning which is all we need. We don’t need any other care at all. I want us to keep as independent as we can and they respect that”.

Relatives were given time during care visits to develop relationships with care staff. One relative said, ‘They (the care workers) suit us just fine and they always ask how I am as well which is nice. It’s not easy caring for (my relative) but they bolster my morale and I really look forward to being able to chat to them. They tell me what to expect as (my relative) gets worse which is really helpful and stops me from being frightened. I know he will get worse as time goes on but they prepare me for things”. Another relative said “The care workers are lovely people. They get everything done and always ask if I need anything else. I know they are busy people but they never rush me and will always do odd jobs like taking letters to the post for me”.

Staff tried to reduce people’s anxieties and distress. During a home visit, we saw staff place a soft toy on a person’s lap. Staff explained the introduction of the soft toy had stopped the person pinching their hand which had caused bruising. The person looked content. Another person had been worried about missing an appointment. Staff had reassured them and wrote a note with the appointment time so they didn’t worry.

The service had received 30 compliments, during the past year, from people, their relatives, and community professionals. These thanked the staff for their care and kindness.

Is the service responsive?

Our findings

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During a home visit, we saw staff responded to people's requests and met their needs appropriately.

People told us senior staff had visited to review and discuss their needs and the care required on a regular basis. Comments included "I think I'm going to need some help with domestic chores soon and next time they come I'm going to ask about it" and "One of the seniors comes every month to look at the book and check that everything is okay".

Rotas were sent out to people each week with visit times and the names of staff who would support them. Staff told us they were usually able to get to their visits on time. One staff member said "The visits are well planned, they're all close together". People said "If they are a bit late they normally let me know"; "They never let me down" and "They're occasionally late, it's very rare". One relative told us some visits had been too early previously but this had improved.

The service was flexible and responsive to changes in people's needs. For example, during our inspection visit the

registered manager received a phone call telling them one person's relative had gone into hospital. The registered manager made further phone calls to arrange support to ensure the person was not left on their own overnight. They also contacted the staff member, who would be visiting the person that day, to make them aware of the situation. People said "I have my own routines and they are always very flexible. I don't always want the same thing at the same time but I only have to let them know" and "They are extremely flexible, you can ring up and change things at short notice".

People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People felt that the management were extremely responsive when they had any concerns. For example, one relative told us, "Most care staff do the job really well but the odd time I've had a little problem, I usually get through to the owner and he always deals with things quickly and reassures me not to worry".

The service sought regular feedback from people who used the service. Monthly reviews showed people were asked about the quality of the service. The registered manager told us they planned to send out a survey in December 2015.

Is the service well-led?

Our findings

The provider of the service also worked as the registered manager in day to day charge of the service. They had a clear vision; they aimed to provide people with high quality personalised care. People told us the registered manager knew them well. Comments included “The owner is very good. He is a very practical and sensible person”; “He pops down to see how things are; he’s the best” and “We get on very well”. A healthcare professional told us the registered manager was responsive and helpful, and always willing to discuss things.

The service employed five team leaders. Each team leader had their own responsibilities. One did a ‘meet and greet’ for new people to the service and worked on care plans. The others covered specific local areas. One team leader had additional responsibility for complex care packages and people who need two staff at each visit.

Staff told us the registered manager and team leaders were very approachable. Comments included “(The registered manager) is brilliant, he knows every aspect of every client”; “I feel able to go to them constantly, they’ve been really supportive” and “They’re always there at the end of the phone, they’re all fantastic”.

Staff’s behaviour towards each other, people and their relatives reflected the service’s vision. Comments about the service’s culture included “openness”, “caring”; “passionate”, and “trust”. Staff told us they enjoyed their work. Comments included “We work well as a team – It’s

fantastic, we support each other” and “We want to give the best care and keep people in their homes”. The registered manager kept the vision and values of the service on the agenda for staff meetings and newsletters. Records showed reminders to staff such as “Ask yourself, if this were my mum or dad would I leave them like this?” and “Leave behind a positive image and a happy customer”.

The registered manager was keen to improve the service. A newsletter to staff said “To help me drive the business, it’s important to have honest feedback from you, and I welcome feedback about what works and what doesn’t. The sooner it’s identified the quicker it can be addressed”. Staff told us they felt able to make suggestions and were encouraged to complete quality assurance questionnaires. One response showed staff did not always know who was on call. The provider had introduced a rota for staff. At a meeting in August 2015, staff said it was easier to access team leaders as a result.

The service had sent out questionnaires out to healthcare professionals in July 2015 but no responses had been received. A healthcare professional told us the registered manager engaged fully with local provider meetings, with an aim to drive up standards.

Audits were carried out to monitor the quality of the service. Visit records and medicine administration records were checked to ensure they were completed correctly. In relation to staffing, recruitment and training records were monitored. Unannounced checks to observe staff’s competency were carried out on a regular basis.