

Safe Care Services Ltd

SAFE CARE SERVICES LTD

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Safe care services ltd is a domiciliary care service providing personal care and support to people living in their own homes. At the time of our inspection there were six people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

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 were supported by staff to be involved in decisions about their care and support. People and their relatives felt involved. People were happy with the care and support they received. People were supported by staff who knew them well and had developed positive relationships with them. Staff respected people's preferences and treated people with dignity and respect.

People's needs were assessed, and they were supported by trained staff to meet their needs and keep them safe.

Quality assurance systems were in place to promote people's safety. Systems also ensured staff were supported and their knowledge and skills were kept up to date.

Right Care:

Staff were trained for their role and to provide safe care. Staff were trained in how to recognise abuse and protect people from avoidable harm. Staff knew how to use the whistle-blowing procedure.

People told us they received care and support from a regular and reliable staff team.

People received their medicines on time and as prescribed.

Right Culture:

The registered manager understood their responsibilities and worked in an open and transparent way. People and relatives said the registered manager was approachable and were confident to raise concerns or complaints. They said the registered manager always listened to any concerns and acted on them.

People and staff were supported by a management team who worked hard to promote a culture where people were valued and respected as individuals.

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 10 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

SAFE CARE SERVICES LTD

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 July 2022 and ended on 2 August 2022. We visited the location's office on 28 July 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with the registered manager, nominated individual, administrator, an external consultant and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with three people who used the service and one relative.

We looked at a range of documents and written records including four people's care records, three staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us, and response from health and social care professionals.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People were supported by staff who understood how to keep them safe from harm or abuse. Policies and procedures were in place to ensure appropriate action would be taken. This included informing the appropriate agencies if any concern to people's safety and welfare were identified.
- Relatives told us staff kept their family member safe. One relative said, "They keep [person] safe at all times. I do not have any concerns."
- Staff had regular training and this supported team discussions about how to recognise and report abuse.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their care plans contained guidance for staff to follow so they could reduce these risks. This included risks associated with people's mental health, medicines, moving and handling needs, nutrition and hydration and any risks associated with their home environment.
- Risk assessments were reviewed and updated when people's care or support needs changed.

Staffing and recruitment

- There were enough trained staff to safely meet people's care and support needs.
- The provider followed a robust recruitment process to ensure they only employed suitable people. All staff received safety checks prior to employment including a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received care from a regular team of staff. One person told us, "I have regular staff who supports me every day."

Using medicines safely

- Medicines were managed safely. People received their prescribed medication on time from trained staff.
- Staff received training and assessment of their competency for administering medicines.
- People had individual medication risk assessments, including people who administered their own medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were investigated in a timely manner to reduce the risk of reoccurrence. Records were updated to reflect any changes.
- Any changes to practice were shared with the staff team to aid learning and reduce risks to people.

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

- Systems were in place to assess and determine people's needs and preferences, including equality, diversity and protected characteristics.
- The management team completed assessments of people's needs prior to care starting. One person told us, "They asked lots of questions and were very thorough."
- People's support was regularly reviewed to ensure they reflect people's current care and support needs. The registered manager told us people's care plans were updated as and when changes happen.

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they were well prepared, competent and equipped to deliver safe care. The induction process included shadowing more experienced staff.
- Staff received a range of training to help ensure their knowledge was up to date. A person told us, "They know what they are doing; they received training in using the equipment I use." And a relative commented, "The carers were trained enough to deal with [person's] behaviour."

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

- People's nutrition and hydration needs were met.
- When people were supported with food and fluids, their care plans contained clear guidance about what staff needed to do for each person, whilst promoting their independence.
- People's dietary preferences were described in their care plans, so staff could support them in a personalised way. People and their relatives told us they were happy with the support they received with their nutrition and hydration.

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

- People's health needs were managed effectively.
- Staff worked closely with other organisations to deliver effective care and support. A social care professional commented, "Safe Care Services Ltd was able to provide support workers for a package at short notice. This was a very good response as it was an important part of ensuring that the person's stay at the hospital was safe while they received the appropriate medical intervention required. There was positive feedback from the hospital team of the support workers professionalism and their engagement with the person."
- Care plans included any support people needed to manage their health. Care records contained contact details for their health and social care professionals.

- Staff referred people to healthcare professionals to ensure they received timely support and treatment.

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 MCA 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.

- Staff worked in-line with the MCA. They ensured people's rights were respected, consent was gained, and people were supported to live their lives independently.
- Management and the staff we spoke with demonstrated a good understanding of issues around consent and capacity. There were assessments to measure people's capacity in varied areas, such as whether they were able to consent to take their medicines. Care plans advised staff about how people made choices. Observations of staff competency checked if staff asked for consent where appropriate.

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

- Staff were kind and caring and treated people with respect. People and their relatives commented, "Staff are kind and caring, they show respect and care for [person's] needs" and "Very nice people who look after me. My carers are kind, nice and respectful."
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, gender, disability, race, religion or belief and sexuality.
- Care plans detailed people's personal lifestyle choices and had been fully assessed. For example, care plans documented important life events, cultural and religious interests important to people. This ensured staff had accurate information in order to support people to live fulfilled lives.
- Staff received awareness training in equality and diversity, and this was supported by provider's policy.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment, care planning and review process ensured people remained actively involved in decisions about how and when they were supported by staff.
- People's relatives told us staff were very good at communicating with them to ensure they could support their family member with any decisions, as and when needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their right to privacy was promoted. People's comments included, "The carers respect my privacy." And "They [staff] are not intrusive, they give me my space."
- People's care records included information on which tasks people could do for themselves and what they needed support with. This helped to promote people's independence. A staff member confirmed, "I always encourage people to do as much as possible" and a person commented, "They focus on my needs and are flexible in working with me and my family. I couldn't be at home without my carers."

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 received person-centred care. Care plans included bespoke information which supported staff to care for people in a way which met their needs and preferences.
- Care plans were reviewed on a regular basis and were updated as and when people's needs changed.
- Care plans included information about people's likes and dislikes, family relationships, routines and lifestyle choices.
- Any changes to people's care were promptly communicated to staff and care plans updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The nominated individual and registered manager were aware of the requirements of the Accessible Information Standard.
- People's communication needs were set out clearly in their care plan. This included any impairments that could affect communication, how they preferred to communicate and the support they needed from staff with this.
- Documents could be provided for people in accessible formats, such as large print, voice recording or having a staff member visit the person and read through them if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service assessed people's social and cultural needs and developed plans to meet these.
- Staff supported people to maintain contact and meet with family and friends.

Improving care quality in response to complaints or concerns

- The service had policies and procedures to process complaints but had not received any.
- People and their relatives were given details of how to raise complaints and concerns when they first started to receive care from the service.
- People and relatives told us they could easily contact the service if they were unhappy or concerned about

their or their family's care and were confident the service would take appropriate action. For example, a relative commented, "I could always contact the management team to discuss any concerns, they listened and acted quickly."

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; Working in partnership with others

- The registered manager and nominated individual promoted a positive culture. Feedback regarding all aspects of care and support was encouraged. The registered manager was knowledgeable about people's needs and preferences and worked hard to ensure people's needs were met by staff. People were involved in decisions made in all aspects of their care to promote their safety and independence.
- Relatives and people spoke positively about the staff team and the service and the support they received.
- Staff worked closely with people and their relatives to ensure people received care and support in ways they preferred and good outcomes were achieved.

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 registered manager was aware of their responsibilities to report any notifiable incidents to the appropriate agency.
- The registered manager and nominated person understood the requirements of the duty of candour, in the event they needed to exercise this if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality checks were completed to identify any areas of risk and ensure people received the support they needed. These included audits of care plans, recruitment files and medicines management.
- The provider was reviewing its audit processes, including what audits were needed and how often. They anticipated the revised quality assurance processes would enable the service to identify issues proactively.
- Staff understood their roles and felt supported by the registered manager. They felt any concerns would be listened to and had the opportunity to discuss issues related to the service during supervision meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to share their views about their experiences of care provided in reviews, surveys and telephone monitoring.
- We saw records of compliments the provider had received from relatives and external professionals they worked with.
- The registered manager and office team were approachable and responsive to people when they

contacted the office. People told us, "I was asked for my thoughts on the service they were providing on several occasions." And "I receive regular telephone calls from the office and managers."