SNe Care Services Ltd

SNE CARE SERVICES LTD

Inspection report

Unit 1 Stephenson Court
Skippers Lane Industrial Estate
Middlesbrough
Cleveland
TS6 6UT

Tel: 01642438878
Website: www.sne-care.co.uk

Date of inspection visit:
02 June 2016
03 June 2016
08 June 2016
14 June 2016

Date of publication:
20 July 2016

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

This inspection took place on 2 June, 3 June, 8 June and 14 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

SNE Care Services Ltd is a domiciliary care service providing personal care to older people in their own home. The service supports people in the Teesside and North Yorkshire area. At the time of the inspection 25 people were using the service.

The service had a registered manager. 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.

People said they received safe care. Risks to people were assessed and plans put in place to minimise the chances of them occurring. Risk assessments were reviewed every month to ensure they met people's current support needs. Accidents and incidents were investigated and recorded to see if any remedial action was needed.

There was a safeguarding policy in place. Staff had an understanding of safeguarding and told us they would be confident to raise any concerns they had. Policies and procedures were in place to ensure people had safe access to their medicines. People said their medicines were managed safely.

The registered manager monitored staffing levels to ensure sufficient staff were employed to support people safely. Staff told us staffing levels were sufficient to support people safely. People told us staff were usually on time and that they were supported by a stable care team. Recruitment procedures were in place to minimise the risk of unsuitable staff being employed, including pre-employment checks.

There was a business contingency plan in place to help provide a continuity of care in the event that an emergency situation disrupted the service.

Staff received mandatory training in a number of areas and spoke positively about the training they received. Office staff and the registered manager also completed mandatory training so they could assist with care work. Staff were supported through regular supervisions and appraisals were planned.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff understood and applied the principles of the MCA when supporting people, and consent was sought from people before support was given.

Some people received support with food and nutrition as part of their care package. Where they did they

said they chose what they would like to eat and drink and staff supported them to access it.

People were supported to access external professionals to maintain and promote their health, and input from them was used to plan and deliver support.

People described the support they received as kind and caring. Staff told us they enjoyed getting to know the people they supported and had the time to do so..

People said staff treated them with respect, maintained their dignity and put them at ease when delivering personal care. Staff told us how they respected people's dignity and treated them with respect.

There was no advocacy policy in place but the registered manager told us how people would be supported to access advocacy services. At the time of the inspection no one was receiving end of life care. The registered manager was able to describe how this would be arranged should it be necessary.

Care was planned and delivered based on people's assessed needs and preferences. People said they were involved in planning their care and that it reflected their preferences. Staff said the care plans helped them to get to know people's needs and preferences.

Some people received social calls as part of their care package. Where they did, people said activities were based on their choices and what they wanted to do.

There was a complaints policy in place and people were provided with a copy of this when they started using the service. People told us they knew how to complain and were confident any issues raised would be dealt with.

Staff described a positive culture and caring values at the service and said they felt supported by the registered manager, who they said was approachable.

Staff confirmed that staff meetings took place, which they said made them feel included in how the service was managed.

Feedback was sought from people using the service and their relatives through an annual questionnaire. The service had received positive feedback in these questionnaires. People using the service confirmed they were asked for feedback on the service they received.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service and regularly contacted people to ask for their views on the service.

The registered manager understood their role and responsibilities, and had submitted notifications they were required to make to the Commission.

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.

Risks to people were assessed and plans put in place to minimise the chances of avoidable harm occurring.

Staff had an understanding of safeguarding and said they would be confident to raise any concerns they had.

Staff told us staffing levels were sufficient to support people safely. Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

There was a business contingency plan in place to help provide continuity of care in the event of an emergency situation disrupting the service.

Is the service effective?

Good

The service was effective.

Staff received training to support people effectively. Staff were supported through regular supervisions and appraisals were planned.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff understood and applied the principles of the MCA when supporting people.

People were supported to access external professionals where required, to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People described the support they received as kind and caring.

People said staff treated them with respect and maintained their dignity.

There was no advocacy policy in place but the registered

manager told us how people would be supported to access advocacy services.

The registered manager was able to describe how end of life care would be arranged.

Is the service responsive?

Good

The service was responsive.

Care was planned and delivered based on people's assessed needs and preferences.

Some people received social calls as part of their care package. Where they did people said activities were based on their choices and what they wanted to do.

People knew how to complain and were confident any issues raised would be dealt with.

Is the service well-led?

Good

The service was well-led.

Staff described a positive culture and caring values at the service and said they felt supported by the registered manager.

Feedback was sought from people using the service and their relatives through an annual questionnaire.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.

SNE CARE SERVICES 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 took place on 2 June, 3 June, 8 June and 14 June 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. The inspection team consisted of one adult social care inspector. At the time of our inspection 25 people were using the service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by SNE Care Services Ltd. We received information back from local authorities and the local safeguarding team.

During the inspection we spoke with five people who used the service. We spoke with one relative of a person who used the service. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager, care co-ordinators and care staff. We looked at three staff files and recruitment records.

Good

Is the service safe?

Our findings

People told us they received safe care. People told us, "I feel safe with them," "I'm safe with them definitely" and "Everything seems okay with safety." Another person said, "[I] definitely feel safe." A fifth person told us, "I very much feel safe. Absolutely do." A relative we spoke with said, "I think [Name] is safe."

Risks to people were assessed and plans put in place to minimise the chances of avoidable harm occurring. Before people started using the service an initial assessment was carried out in relation to a number of areas, including mobility, cognition, nutrition and environment. Where a risk was identified measures were put in place to minimise the chances of it happening. For example, one person with limited mobility had a care plan requiring staff to assist with transfers to and from bed to reduce the risk of them falling. People's specific health or support needs were also assessed for any risks they created. For example, one person could not detect changes in the ambient temperature. This person's care plan contained clear instructions to staff on how they could ensure the person was always warm enough. Risk assessments were reviewed every month to ensure they met people's current support needs.

Accidents and incidents were investigated and recorded to see if any remedial action was needed. For example, one person had an accident in the shower. The registered provider completed a new risk assessment and care plan in response to this, to minimise the chances of the accident reoccurring. The registered manager told us they monitored accidents and incidents for any trends requiring remedial action and records confirmed this was being done.

There was a safeguarding policy in place. This contained guidance on the types of abuse that could occur in care settings, how to report concerns and how they would be investigated. We saw evidence that the registered manager contacted the local authority's safeguarding department to discuss safeguarding issues. Staff had an understanding of safeguarding and said they would be confident to raise any concerns they had. One member of staff told us about a specific concern they had raised and how it had been dealt with quickly and appropriately by the registered manager. Another said, "If I had any concerns I would phone the registered manager straight away. If I had no joy with them I would phone CQC." Staff also said they would not hesitate to whistle blow. Whistleblowing is when a person tells someone they have concerns about the service they work for. One member of staff said, "We have a whistleblowing policy and it wouldn't bother me to use it. I wouldn't be uncomfortable using it."

Policies and procedures were in place to ensure people had safe access to their medicines. People using the service were responsible for ordering and storing their own medicines, but some people were supported with the administration of them. Where this was the case a medicines care plan was in place, setting out the level of support required and instructions to staff on how to administer this safely. For example, one person needed help with applying creams and staff were reminded to use gloves when doing this. Staff had access to a medicines policy, which contained guidance on how they could safely support people.

People receiving support with medicines had individual medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been

administered. MARs contained details of the medicines the person was taking, when and how they should be administered and any known allergies the person had. MARs we looked at accurately recorded the medicines people had taken. Where people had declined to take medicines this was accurately recorded and the reason given. We did see that for one person it was unclear from their MAR whether their medicines were to be taken on an 'as and when required' basis. We asked the registered manager about this, and they said the person's MAR would be clarified.

People said their medicines were managed safely. One person said, "They help with medicines. They know how to do it and always give me the right stuff." Another told us, "They always ask if I have taken my medicines. If I have any more to take they bring it for me and make sure I have it before I go to bed." Another person told us, "They help me with medicines" and "They know what they're doing with medicines." A relative we spoke with said, "They give [Name] their medicines. They're good at that, and do it properly." This showed us that there were systems in place to ensure people received their medication safely.

The registered manager monitored staffing levels to ensure sufficient staff were employed to support people safely. The service employed 13 care staff, and the registered manager and administrator also carried out some care work. The registered manager said, "We started off with one client and built up from there. As we built up we recruited. We always try to have an extra member of staff and we are recruiting at the moment for staff." The registered manager said they worked with the local job centre to provide guidance to jobseekers considering working in care, which they said helped them recruit suitable staff for the service. Staff absence was covered by the registered manager or administrator covering care shifts.

Staff said staffing levels were sufficient to support people safely. One member of staff said, "I think staffing is good. There's always someone who can help out." Another said, "I think we have enough staff to support people. Staffing is adequate." One person using the service told us, "They are on time and it's pretty much regularly the same ones." Another said, "If they are going to be late they always phone. It's the same carers and I know each one when they come."

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed. Applicants for jobs completed an application form requiring them to set out their employment history and experience of care. Notes of interviews confirmed applicants were asked care based questions covering areas such as managing health conditions and safeguarding. Two references were sought, including from the previous employer where possible, and Disclosure and Barring Service (DBS) checks were carried out prior to staff commencing employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. One member of staff told us, "There were loads of checks. Driving licence, passport, two references that I know they followed up, photograph and DBS."

There was a business contingency plan in place to help provide continuity of care in the event that an emergency situation disrupted the service. The registered manager told us how they stored electronic copies of care plans and other critical documents on three different devises to ensure they were always accessible.

Good

Is the service effective?

Our findings

Staff received mandatory training in a number of areas, including safe handling of medicines, safeguarding, infection control, moving and handling and privacy and dignity. Mandatory training is training the registered provider thinks is necessary to support people safely. The registered provider required staff to complete refresher training in the mandatory training areas every 12 months to ensure staff were up to date with best practice. The registered manager used a chart to monitor completion of training, and this showed all staff had completed mandatory training within the last 12 months. Office staff and the registered manager completed the same training as care staff so they could also carry out care work. The registered manager said, "We want everyone to do all the training so they know what is expected in the job. It is all classroom training." Staff were sent monthly questions on topics covered in mandatory training and the first to answer received a prize. The registered manager said, "It's questions they have to do a bit of reading for, to encourage them to read [more on training]."

Newly recruited staff were required to complete an induction programme consisting of mandatory training, an introduction to the service's policies and procedures and providing care under the supervision of the registered manager. Staff files contained records of completion of this induction programme, and contained examples of how it had been used to support new staff and improve the standard of care delivered. For example, one new member of staff had been reminded to adapt their communication style to suit the support needs of different service users following a care shift supervised by the registered manager. One member of staff told us, "There was an induction. I was in the office for three days doing training and tests after each section. We did a formal certificate. Then shadowing with [the registered manager] where I was introduced personally to clients." Another said, "The induction training is very good."

Staff said they received the training they needed to support people effectively. One member of staff said, "Training is good. I've just had a new member of staff shadowing me." One person who used the service told us, "I get the sense they have enough training."

Staff were supported through regular supervisions, and appraisals were planned once staff had been employed for 12 months. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of supervision meetings showed that staff were encouraged to raise any support or training issues they had and were asked for feedback on the service. The registered manager completed periodic observations of staff practice, to assess staff knowledge and competence and see if any further support was needed.. One member of staff told us, "We get supervisions and spot checks. They are useful as you can bring out any issues and progress is done on an action plan to follow through." This showed us that people received care from staff that had the knowledge and support they needed to carry out their roles.

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. Some people who used the service were living with a dementia but all had capacity to consent to their care. Nobody using the service was subject to any Court of Protection orders or represented by Lasting Powers of Attorney, which are used when people lack the mental capacity to make particular decisions for themselves. People's consent to their care was recorded in their care plans.

Staff understood and applied the principles of the MCA when supporting people. One member of staff said, "Quite a few people have a dementia. I did dementia training. It depends on the individual but I always offer them the same choices as everyone else. For example, for lunch I ask what they would like and if they say they want a sandwich I remind them of everything they have in the house so they can decide [on the filling]." Another member of staff told us, "People with dementia are offered choices and we help them make decisions."

Some people received support with food and nutrition as part of their care package. Where they did people told us they chose what they would like to eat and drink and staff supported them to access it. One person told us, "They cook my dinner for me. I get whatever I want. They help with shopping and I get what I like and they cook it for me." Where people had health conditions such as diabetes that were impacted by food and nutrition this was clearly recorded in their care records.

People were supported to access external professionals to maintain and promote their health where this was required. We saw from evidence in care files that care staff worked with GPs, community nurses, social workers, physiotherapists and occupational therapists to manage people's health. For example, the service helped a person to arrange an occupational therapy assessment for a new hoist.

Good

Is the service caring?

Our findings

People described staff delivering the service as kind and caring. One person told us, "Absolutely brilliant. Really kind, compassionate and caring. A really good agency and it feels like they care about you. If there is anything that needs doing they will do it." Another person said, "I can't do without them." Another said, "It's more like a friend coming in. It we have time left we have a chat. [I am] always so happy when the carers come in, they are always smiling. It's nice." Another said, "They are polite and kind." Another person told us, "In general almost all are fantastic, helpful and cheerful. Some are absolutely superb."

A relative of one person using the service said, "They're very good. [Name] really likes them and gets on with all of them."

Staff told us they enjoyed getting to know the people they supported. One member of staff told us, "We don't always have time to have one to one time with people if it is a 15 minute call but if it is longer you usually do. That's the part I enjoy. Socialising and getting to know people." Another said, "We get quality time with people. [The registered manager] tries to get extended time for people where needed." Another member of staff told us, "[We] get to know people through quality time. It is important if people are socially isolated. They enjoy that and we do."

People said staff treated them with respect and maintained their dignity. One person told us, "They are all polite and respectful." Another said, "Very polite" and "They always make me comfortable and ask for permission with personal care." Another person told us, "I am a bit of an old fuddy duddy so when it comes to personal care they send [named carers] who I want, and I am comfortable with that." Another said, "They are polite and respectful. They maintain my dignity and I have been able to request certain people." Another told us, "They put me at ease with personal care. Nothing is awkward."

Staff told us how they respected people's dignity and treated them with respect. One said, "I think giving people choices gives them respect and dignity. If I am washing and dressing someone I will always offer them the flannel if they can do it themselves rather when me doing it. It keeps them independent. It's about standing back and thinking what can they do for themselves?" Another said, "Dignity is important. Always make sure you do the things people want you to do. It's about their needs."

The registered manager recorded compliments received from people using the service, relatives and external professionals and shared these with staff. One compliment from a person using the service said, 'I was apprehensive at first because of past carers but I love all that come here and even my key worker says if you're with SNE you're in good hands.' Another person's compliment said, '[Staff] are excellent. They could train others. They never miss a thing'. A compliment from an external professional read, 'SNE care staff are all professional, in particular [the registered manager] who is kind, well presented, the way he talks to [Name] how he goes above and beyond for her. We have never seen such care and dedication before from a care provider. You can tell the quality of a company from the staff they employ. Please keep up the good work. We will be recommending you to all our patients.'

At the time of the inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard. The service did not have an advocacy policy but the registered manager told us how they would support people to access advocacy services if they wanted an advocate.

At the time of the inspection no one was receiving end of life care. The registered manager told us how this would be arranged if needed.

Good

Is the service responsive?

Our findings

Care was planned and delivered based on people's assessed needs and preferences. Before people started using the service an 'initial assessment' was carried out. This assessed people's support needs in a range of areas, including behaviours, mobility, cognition, nutrition, skin care, communication, personal care, activities and medicines. The registered provider also used information received from people's social workers to help plan their care, where they had one.

Care plans were then developed based on people's assessed needs and preferences. Care plans began with an overview of the person's background, personal history and things that were important to them. Plans were then in place to cover each of the person's assessed needs, setting out what they hoped to achieve in each area. Plans we looked at were detailed and person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's medicine support plan contained detailed instructions on the person's medical conditions and how each of their medicines helped them. Another person's mobility care plan guided staff on the steps to be taken to ensure the person's mobility equipment was in good working order. Care plans were reviewed every six months or whenever people's support needs changed.

To assist staff a 'personalised daily task sheet' was then developed using all of the care plans. This was a daily check list staff worked through to ensure they covered all of the care and support the person needed on a particular day. For example, one person's daily task sheet began with, 'Brush [Name's] hair, sometimes put into a plait or a ponytail', described how they should support the person with showering and the types of meal they liked through the day.

People said they were involved in planning their care and that it reflected their preferences. One person told us, "They do everything I want." Another said, "I was fully involved in preparing the care plan. Me, family and [the registered manager]. It very much reflects my personal preferences and if I wanted any changes I would just contact [the registered manager]." Another told us, "The care plan is perfect at the moment and reflects everything I want." A relative of a person using the service said, "When [Name] came out of hospital they put the care plan in place."

Staff said the care plans helped them to get to know people's needs and preferences. One member of staff said, "The care plans are useful to get to know the person. Day to day you pick up [information] from the person and their family." Another said, "The care plans are good. I can't fault any of them. If there is something new it goes in. People can always change them."

Some people received social calls as part of their care package. Where they did, people told us activities were based on their choices and what they wanted to do. One person said, "I get social calls and they reflect my preferences. They [staff] go along with whatever I want." Another person said, "I need social interaction as I am on my own and I get it with them."

There was a complaints policy in place and people were provided with a copy of this when they started

using the service. The policy set out how people could complain, how issues would be investigated and the timeframes involved. The policy also contained details on external bodies people could complain to if they were unhappy with the outcome provided by the service. The service had not received any formal complaints since it was registered in September 2015. An informal issue had been investigated and dealt with in line with the complaints policy. People said they knew how to complain and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

Staff described a positive culture and caring values at the service. One member of staff told us, "I think [the registered manager] listens. If someone is unhappy they try their best to solve it. People will always feel they can make comments and requests." Another said, "It's fabulous. Working with everybody as a team. Everyone gets along. I enjoy it and think everybody else does. It's lovely." Another gave an example of a conversation they had with a person using the service, saying, "[Name] said we were the best carers in the world. I enjoy working for SNE." The registered manager told us, "SNE stands for supporting and nurturing equally. We try to support and nurture people always."

Staff told us they felt supported by the registered manager. One member of staff said, "[The registered manager] has their head screwed on. [I am] supported by them. If there's anything you need they're there and will advise you. All you have to do is leave a message and it is never long before they contact you." Another said, "[The registered manager] is spot on. Very supportive. There is open door communication. They've got a listening ear and can discuss anything. They always have good ideas." Another described the registered manager as, "Approachable. A very caring attitude. They know it has to be a business but they're not too like a business. They respect staff. I am happy and I have worked for quite a few agencies. We're not cut off from the office and really feel like part of a team."

A local authority who used the service described the registered manager as knowledgeable and quick to report back on any changes to people's support needs.

Staff confirmed that staff meetings took place, which they said made them feel included in how the service was managed. One member of staff said, "We have staff meetings. We try to have them monthly but because of the nature of the job it can't always be monthly. We have a drink later so we feel appreciated."
The registered manager understood their role and responsibilities, and had submitted notifications they were required to make to the Commission. This showed that the registered manager demonstrated good management and leadership of the service.

Feedback was sought from people using the service and their relatives through an annual questionnaire. The most recent survey was carried out in May 2016 and feedback from this was positive. One person said, 'I think your staff provide an excellent service. Well done all of the team.' Another person said, 'Excellent care and staff. Couldn't ask for better.' A relative of one person using the service responded, 'SNE go above and beyond for [Name]. Great team. Excellent service.' The registered manager said they would investigate any negative feedback and take any necessary remedial action.

People confirmed they were asked for feedback on the service. One person said, "Questionnaires come every now and again to ask how things are going."

The registered manager or administrator also telephoned people using the service once or twice a month to ask for their feedback. The registered manager said, "It can be difficult sometimes as people cannot always answer the telephone, so staff will relay any feedback to me. I try to get hold of relatives too, but that can't

always be done. I telephone them and record feedback." We reviewed a sample of the feedback and saw that it was positive. One person said, 'I would like to let you know I am grateful to all the carers who have been; they are lovely and they are making living at home possible.' A social worker had given feedback to the service in this way, saying, 'Me and my colleagues are impressed with how you go above and beyond for clients.'

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of care plans every six months or sooner if there were changes, monthly reviews of medicine administration records (MARs), periodic observations of care delivery and checks on people's daily task sheets. The registered manager said, "If the audits picked up something that needed doing I would communicate with staff and update with the person." We saw an example of where this had been done with a person whose mobility needs had changed; the registered provider had updated the care plan and completed a new risk assessment. One person we spoke with said, "The registered manager pops in if it is a new member of staff, to see if everything is okay." This showed us that systems were in place to monitor and review the delivery of care and the quality of service that people received.