

# Snowball Care

# Snowball Care

## 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

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, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection to Snowball Care on 16 July 2014. We told the provider two days before our visit that we would be coming. Snowball Care provides personal care services to people in their own

homes. At the time of our inspection 19 people were receiving a personal care service. 16 people were funding their own care through direct payments. The other three people had their care purchased by a London Borough.

At our last inspection in October 2013 the service was meeting the regulations inspected.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

# Summary of findings

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. The manager undertook spot checks to review the quality of the service provided.

# 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?

There were processes in place to help ensure people were protected from the risk of financial abuse and staff were aware of safeguarding vulnerable adults procedures. Staff were aware of the requirements under the Mental Capacity Act 2005.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



### Is the service caring?

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Good



### Is the service well-led?

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

There were processes in place for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Good



# Snowball Care

## Detailed findings

### Background to this inspection

We undertook an announced inspection to Snowball Care on 16 July 2014. We told the provider two days before our visit that we would be coming. A single inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR includes information from the provider about areas of good practice and areas for future improvement under each of the five questions.

At the last inspection on 28 October 2013 we found the service met the regulations we inspected.

During our inspection we went to the provider's head office and spoke to the two managers, reviewed the care records of four people that used the service, reviewed the records

for four staff and records relating to the management of the service. After the inspection visit we undertook phone calls to four care workers, three people that used the service and relatives of two people that used the service.

We also spoke with a social worker and an occupational therapist who were involved in the care provided to people who used the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person told us, “I’m happy with the service.”

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. There had been no safeguarding concerns raised since the agency started operating in July 2012. The manager informed us that any concerns regarding the safety of a person were discussed with their social worker and additional support from the emergency services as required. For example, a staff member reported they were unable to gain access to a person’s home but could hear them calling for help inside. The police were called to gain access to the person’s home and an ambulance was called to manage the person’s health and ensure their welfare.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member, to protect people from the risk of financial abuse.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The manager was in the process of updating their MCA policy at the time of our inspection.

Assessments were undertaken to assess any risks to the person using the service and staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in

and out of chairs and their bed. We saw that one person required the use of a hoist. Training had been provided to staff from an occupational therapist and staff were aware of how to use the hoist safely, however, information on the process was lacking from the person’s care records. The manager informed us they would update the information in the person’s records so that any new staff supporting this person would have access to the required information.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The majority of people supported by Snowball Care and the staff employed there lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required.

There were suitable recruitment procedures in place and the required checks were undertaken prior to staff starting work. The manager informed us applicants attended an interview to assess their suitability but this was not documented. The manager informed us that applicants were not asked to sign their employment contracts unless they had successfully attended and completed the interview process. We saw that all staff had a signed contract in their records. The staffing records we looked at showed that staff had previous experience of working in health and social care settings. All staff were required to complete an induction programme which was in line with the common induction standards provided by Skills for Care.

# Is the service effective?

## Our findings

Staff had the knowledge and skills required to meet the needs of people who used the service. Training was provided on an on going basis by the manager who was a qualified trainer in all topics considered mandatory by Snowball Care. This enabled them to provide one to one training to staff as required to ensure they had up to date knowledge and skills related to their roles and responsibilities. The training records for individual staff members were in the process of being updated at the time of our inspection but staff spoken with confirmed they had received the required training. We spoke with the occupational therapist who had provided training to staff around the safe handling, transferring and hoisting of one of the people who used the service. They told us the staff were “quick to learn” and followed the instructions given to them to help ensure the welfare and safety of the person using the service.

In addition to the mandatory training all staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

Staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

Staff were matched to the people they supported according to the needs of the person ensuring communication needs and any cultural or religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak

and understand the person’s language. During the initial assessment the manager found out about people’s interests and hobbies so that care workers that shared similar interests were allocated when possible.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to two staff just after lunchtime who confirmed they had been to support people with their lunchtime meal. Staff had received training in food safety and were aware of safe food handling practices.

Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

We were told by people using the service and their relatives that most of people’s health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health. We saw that where staff had more immediate concerns about a person’s health that they called for an ambulance to support the person and support their healthcare needs.

A social worker told us the manager kept in contact with them and informed them of any concerns about the people using the service. They told us staff “kept an eye” on what people wanted and what they needed. They said the manager liaised with the district nurse or occupational therapist as necessary to meet people’s needs.

# Is the service caring?

## Our findings

A relative of a person who used the service told us, “[Staff] really care about [people]” and “[my relative] looks forward to seeing them every day.”

People who used the service were happy with the staff and they got on well with them. They told us, “They’re so kind and don’t rush, rush, rush.” People received care, as much as possible, from the same care worker. When the care package started people were introduced to two staff, so when cover was required due to sickness or leave the person knew the replacement staff member coming to support them. One person told us, “It’s the same carer which is what I like.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls.

The majority of people who received personal care from Snowball Care had capacity to make their own decisions at the time of our inspection. Those funding the service

through direct payments had made the choice to use Snowball Care and had a contract in place outlining the expectations of both parties. People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, “They do what I want them to. We’ve got our routine.” Staff told us, “I ask them what they want. If they want something I go and get it for them. If they’re happy, I’m happy.” For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005.

The manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. One person told us the service gave them “someone to chat to”.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We noted that one person’s care plan had not been updated to reflect their current needs and the increase in the number of visits they received. We spoke to the staff member supporting this person and they told us their manager kept them fully informed about the changes in appointment visits and the support required. The manager told us they would update the person’s care plan to reflect their current needs.

A relative told us the manager was “very obliging” and responsive in changing the times of people’s appointments and accommodating last minute additional appointments when needed. Staff said, “They always let me know if I need to go at different times. I’m flexible to go at times they want.” During our inspection visit a person using the service rang the office to ask for a specific staff member to undertake an additional visit. The manager informed the person of the times that staff member was available and they agreed when was best for the staff member to visit them.

A Local Authority representative said the manager always found another staff member to attend appointments if the usual staff member was unavailable, or the manager went and supported the person with their personal care themselves.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A relative told us, “They encourage [my relative] to do things for herself.”

People using the service and their relatives told us they were not aware of the formal complaint procedure, but that they knew the manager and felt comfortable ringing them if they had any concerns. We saw the service’s complaints process was included in information given to people when they started receiving care. At the time of our inspection the service had not received any complaints. One person told us they “can’t fault” the staff. One relative told us they had raised with the manager that they wished to change the care worker supporting their relative, and this was accommodated straight away.

At the time of our inspection the manager received a call from a staff member because the person they were supporting had some concerns about the service they were receiving. The manager spoke directly to the person to reassure them and offered to go and see them later that day. Later in the inspection visit the manager again spoke to them to confirm the time they were going to visit.

People and their relatives told us they had regular contact with their care worker and the manager of the service. They told us “[Staff] keep me informed...almost daily contact.” They felt there was good communication with the staff at Snowball Care and there were opportunities for them to feedback about the service they received. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns

Satisfaction questionnaires were available to obtain feedback from people who used the service but at the time of our inspection they were not in use. The manager informed us this was due to the service supporting a small number of people. As a result they were able to keep in regular contact through phone calls and text messages to obtain feedback. A couple of days after our inspection visit the manager confirmed they had started using the satisfaction questionnaires as part of their quality checking process.



# Is the service well-led?

## Our findings

A local authority representative told us the manager “goes above and beyond.” Staff said, “Whenever you need [the manager], she’s there... She understands her workers.”

Staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, “I know if I have any problems I have that support, that back up.” They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

Staff were aware of the reporting process for any accidents or incidents that occurred. We saw from records that since the service started in July 2012 there had been two incidents. These were reported directly to the manager so that appropriate action could be taken. This included one incident where there was no response at the person’s

home. The staff spoke with the person’s relative who informed staff of where the person was most likely to be and the staff were able to quickly locate the person and ensure they were safe.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. One person who used the service told us, “[The manager] pops in to see us, just to make sure we are alright.” Staff told us the manager frequently came to observe them at a person’s home to ensure they provided care in line with people’s needs and to an appropriate standard. A staff member told us, “[The manager] is always popping in.” One relative said, “The standard of care is very good.”

The manager used to complete monitoring forms during their spots checks, but this had recently stopped. This was something the manager was looking to formalise again, and a couple of days after our inspection visit the manager confirmed they had restarted using the formal documentation. The manager told us the reason why the documentation had been stopped previously was at the request of people who used the service who wished not to answer the same questions at each spot check. If any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings with the manager. Staff told us their manager advised them of any changes they needed to make.