

S & S Home Care Limited

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Inspection report

6 High Pastures
Keighley
West Yorkshire
BD22 6JY

Tel: 01535669307

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23 October 2019

24 October 2019

06 November 2019

11 November 2019

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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

About the service

S&S Homecare Limited is a homecare service providing personal care to elderly people living in the Keighley area of West Yorkshire. At the time of the inspection it was providing personal care to 18 people.

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

People told us they felt safe and secure in the company of staff. Risks to people's health and safety were assessed and mitigated by the service. There were enough staff deployed to ensure people received a reliable and timely service. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. Medicines were managed safely by the service and people received their medicines as prescribed.

People received good outcomes whilst using the service. Staff were consistent and knowledgeable about people's individual needs. The service liaised with health professionals to help maintain people's health. 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.

Staff were kind and caring and treated people well. People were cared for by a small and consistent team of staff and good relationships had developed between them. Staff treated people, their possessions and houses with dignity and respect. People were listened to by the staff and the management team.

People received high-quality person-centred care in line with their needs and preferences. People received calls at a consistent time each day. Staff said communication within the service was good. Any issues or complaints were dealt with appropriately.

People and staff all praised the way the company was run and said they would recommend it. The management team had good oversight of the service and knew people well. A range of audits and checks were undertaken to ensure a high performing service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

S & S Home Care Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the start of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 23 October 2019 and ended on 11 November 2019. We visited the office location on 6 November.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the office manager, a senior care worker and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 abuse and avoidable harm. People said they felt safe using the service. They said staff treated them well and they felt comfortable in their presence. People said they felt able to raise any concerns with the management team.
- Staff had received training in safeguarding vulnerable adults and knew how to identify and report concerns.
- Where safeguarding incidents had occurred we saw these had been appropriately logged, referred to the local authority and investigated to help protect people from harm. There had been a low number of incidents with no concerning themes or trends.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. People said that staff worked safely whilst supporting them. For example, using equipment such as hoists safely and appropriately.
- Risk assessment documents provided staff with clear instruction on how to work safely, for example in relation to moving and handling. The service liaised with professionals such as occupational therapists to ensure appropriate equipment was in place to keep people safe.
- Risks associated with other aspects of people's lives were also assessed. This included the environment and physical health needs.

Staffing and recruitment

- There were enough staff to ensure people received a reliable and timely service. People told us staff usually arrived on time and stayed with them for the full call time. Daily records of care confirming that staff consistently arrived on time.
- Staff said rotas were realistic and gave them enough time to do their job to a high standard.
- Safe recruitment procedures were in place. This included ensuring that prior to staff working Disclosure and Barring Service (DBS) checks were undertaken as well as other checks on staff background.

Using medicines safely

- Overall, medicines were managed safely by the service. People told us staff provided them with the right support with their medicines.
- Information within people's care records provided details on the medicine support they required so staff were aware of the exact support required.
- A well organised medicines system was in place with individual medication administration records (MAR) printed for each person. These were kept up-to-date if people's medicines changed. MAR's provided clear information on each medicine staff supported people with. Records were well completed indicating people

had received their medicines as prescribed.

- Where staff supported people with topical creams, in some instances the support provided needed documenting in a clearer way. We raised this with the office manager who acknowledged this and agreed to address it.
- Staff received training in medicines management and their practice was monitored through spot checks. We spoke with the registered manager about the need to introduce a more formal medicine competency assessment. Action was taken to address this during the inspection.

Preventing and controlling infection

- Staff said they had access to a supply of personal protective equipment (PPE). Staff received training in infection control and this was checked during spot checks on their practice.
- Staff maintained good hygiene in people's homes and helped people to keep their home environment clean which often went above and beyond their required duties.

Learning lessons when things go wrong

- A system was in place to log, investigate and respond to any incidents. There had not been any recent incidents however historically these had been managed appropriately.
- The management team demonstrated the service was committed to continuous improvement and dealt with any negative comments or issues in a positive way to ensure continuous improvement.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives consistently reported good outcomes for people who used the service. They said effective care was provided by dedicated and consistent staff. For example one relative told us how their relative regularly refused care, but the consistency of staff and their high level of skill meant staff were able to persuade them to accept care interventions.
- Recognised guidance was used to ensure appropriate care plans were in place which demonstrated people's needs and choices had been fully assessed. These were person centred and up-to-date.
- The service liaised with health professionals to obtain the necessary expertise to help ensure people achieved good outcomes

,Staff support: induction, training, skills and experience

- Staff had the right skills and knowledge to ensure effective care. People were consistently positive about the quality of the staff who supported them.
- There was a low turnover of staff and people received care from a small group of care workers. This helped staff build up a detailed knowledge of the people they were supporting and competency in the tasks they needed to perform for each individual.
- New staff received an induction to the service and its ways of working. Staff received regular online training supplemented by on the job training. This was kept up-to-date.
- Staff were trained in the specific equipment used in each person's house, although records of this needed to be made clearer. We spoke with the office manager and had confidence this would be addressed.
- Staff told us they felt well supported by the management team. They received a range of support including regular supervision, appraisal and spot checks. Staff said they were able to drop into the office for support on an informal basis whenever they liked.

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

- People said that staff provided with them with the right support at mealtimes. They said they were given a choice by staff and staff prepared food appropriately.
- People's nutritional needs were assessed as part of care planning and instructions provided to staff on the support they were required to provide.

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

- People's healthcare needs were assessed and information recorded to assist staff. We saw evidence the service liaised with healthcare professionals including GP's, district nurses, occupational therapists and

physiotherapists to help ensure people's health.

- Staff helped promote people's health by encouraging them to be as independent as possible to improve/maintain their mobility and self-care skills.

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 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.

People can only be deprived of their liberty so that they can 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. No applications had needed to be made to the court.

We checked whether the service was working within the principles of the MCA .

- The service was acting within the legal framework of the MCA. The service gave people choices and control over their lives and their package of care.
- Where people lacked capacity we saw evidence that best interest processes were followed to help ensure people's rights were protected.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and relatives consistently said that staff treated them with kindness and compassion. One person said: "The carers are decent people, they are very helpful." Another person said staff were "kind and caring, have a sense of humour, and go out of their way to help."
- People and staff had developed positive relationships. People knew the names of the staff who supported them. One relative said staff had developed "a brilliant relationship" with their relative. People and staff spoke fondly about each other and people received a high level of consistency of care worker. This helped ensure people received care from familiar and trusted care workers.
- People and relatives gave examples of staff going the extra mile for them. For example, one relative told us how staff always made sure they had enough toiletries and went out and bought extra items for them in their own time.
- Through talking to people, staff and reviewing people's care records, we were satisfied 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, disability, race, religion or belief and sexuality. Staff received training in equality and diversity and any diverse needs were identified through the pre-assessment process.

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

- People were listened to by the service. People said they felt involved in the creation and ongoing review of their care package. They said they felt able to discuss issues with care staff or the management team.
- People's views were gathered informally and through spot checks and questionnaires. Care plan reviews took place, although these needed to better evidence people's views. We raised this with the office manager to ensure it was addressed.

Respecting and promoting people's privacy, dignity and independence

- People said the service helped them maintain their independence. For example, encouraging people to wash parts of their body themselves and to keep mobile by independently transferring where possible. Care planning focused on encouraging people to do as much as they can for themselves.
- People said staff treated them with dignity and respect. This included respecting people's homes. For example, with people's consent staff had devised a cleaning rota for each person's house to help ensure rooms were kept in a clean and hygienic condition.
- People said that staff let them know if they were going to be late or if their call was delayed which helped

them feel respected and valued by the service. New staff were always introduced to people before they delivered care and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and relatives all told us that the service provided high quality, person-centred care.
- People's care needs were assessed prior to using the service. A range of care plans were then developed which provided a good level of detail and step by step instructions on how staff should provide the required care. These were subject to regular review.
- People said that care took account of their preferences and choices. They said the service made efforts to accommodate their individual preferences for example preferred call times.
- We reviewed call times to people and saw they were consistent from day to day which helped ensure people received appropriate care and support. Staff did not rush and stayed with people for the full call time.
- Messages were sent to staff on a daily basis about any changes in people's needs or circumstances. Staff all said messages were always passed on and communication was good. This helped ensure responsive care.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the Accessible Information Standard (AIS). People's communication needs were assessed by the service and clearly recorded to ensure that staff were aware of any specific needs.
- Documentation could be adapted such as being made available in larger print should it be required. A relative told us that staff adapted their communication approaches well to ensure good communication with their relative who had a hearing impairment.

Improving care quality in response to complaints or concerns

- The service had a system in place to log, investigate and learn from complaints and concerns.
- People said they were very satisfied with the service and had no need to complain. A complaints policy was in place and information provided to people in the service user guide explained how they could raise a complaint.
- We saw a low number of complaints had been received. Where a complaint had been received this had been investigated and responded to within an appropriate timescale.
- The service had received a significant number of compliments and these were kept on file so the service could monitor where it had exceeded expectations.

End of life care and support

- At the time of the inspection the service was not providing any end of life care and support, although it had done in the recent past. People's future wishes and needs and any spiritual needs were recorded within their care plans to assist the service meet any end of life needs.
- The service offered support to people after their relatives had died. This included attending funerals where possible.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People and relatives all said that the service provided high quality care and that they would recommend the service to others. They said that care was person-centred and shaped around their wishes and needs. One relative said: "Excellent, they go above and beyond. Can't recommend enough, girls [care staff] so good, reliable, 10/10."
- Staff we spoke with were proud to work for the service and said they would also recommend it to others. They demonstrated they were dedicated in ensuring the safety and comfort of the people they were supporting.
- Staff said they felt well supported by the management team and they were able to approach the management team whenever they liked. Staff said there was an open culture and they were encouraged and able to discuss any concerns with the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was meeting all required regulatory requirements. This included ensuring statutory notifications were reported to CQC to help us monitor events occurring within the service.
- The registered manager and office manager had good oversight of the service. They knew people and staff well and how the service operated. A range of audits and checks were undertaken for example on care records and medicine records to help continuous improvement of the service. We identified that audits of medicine records needed to be clearer to record exactly which MAR was checked. We raised this with the office manager to ensure it was addressed.
- Audit findings were communicated with staff to ensure continuous improvement
- Spot checks regularly took place on staff to monitor their performance and working practices.
- Systems were in place to monitor areas such as staff recruitment, training, supervision and appraisals ensure this was done properly and kept up-to-date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they knew the registered manager well who was 'hands on' and regularly delivered care and support. This gave them an opportunity to discuss any issues directly with the registered manager.
- People's views were also sought through spot checks of care, care reviews and questionnaires.

- Staff meetings were periodically held to discuss quality issues and obtain their views on a range of matters. Staff regularly attended the office to drop off paperwork, have lunch with the management team or for a chat, which helped ensure regular engagement with the workforce.

Working in partnership with others

- The provider worked closely with a range of health and social care organisations to help co-ordinate people's care. The management team had also attended some training events run by the local authority to keep up-to-date with best practice.
- The office manager told us they did not routinely attend provider forums run by the local authority, we discussed with the office manager that this would be a good opportunity to keep up-to-date with key issues and challenges in the district.