

Snowfields Care Limited

Snowfields Care Head Office

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

About the service

Snowfields Care is a domiciliary care service which provides support to people living in their own home, including older people and younger people living with physical disabilities, learning disabilities or mental health needs.

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. At the time of the inspection there were five people receiving personal care.

People's experience of using this service and what we found

Staff were caring and kind and demonstrated genuinely compassionate relationships with people. People told us the service was good and staff were kind. One person fed back, "You make it a very personal care package and genuinely feel a sense of care and companionship from the staff." Staff knew people well and acted as advocates to promote their independence and ensure their voice was heard.

Staff supported people to explore their interests and to maintain and build relationships to avoid social isolation. Staff took a person-centred approach to ensure people's individual needs were met. The service had an open and inclusive culture and celebrated people's individuality and diversity.

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 received safe care from a service which assessed and managed their individual risks. Staff had training in safeguarding and understood signs of abuse and how to report it. People's medicines were managed safely.

The service was well-led and had good measures in place to monitor and improve the quality and safety of the service provided. The registered manager understood their responsibilities and regulatory requirements.

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 28 June 2018 and this is the first inspection.

Why we inspected

This was the first planned inspection based on when the service registered with CQC.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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

This 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.

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 24 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 June 2019 and ended on 2 July 2019. We visited the office location on both dates.

What we did before the inspection

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 reviewed the provider's website and other information we held about the service. We used all of this information to plan our inspection.

During the inspection

We visited three people who used the service to speak with them about their experience. We spoke with seven members of staff including the directors, registered manager, deputy manager, senior care worker, a care worker and the office administrator.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Our findings

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

This is the first inspection for 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; Assessing risk, safety monitoring and management

- There were robust systems in place to protect people from the risk of abuse or neglect. Staff received regular training and understood what made people vulnerable due to their circumstances.
- People's risk assessments and support plans considered their individual vulnerabilities, such as their risk of financial exploitation, and ensured there were good measures in place to support and protect them.
- Staff felt confident to report any concerns and that these would be taken seriously. We saw that the service managed concerns appropriately and worked with the local authority.
- People's risks were fully assessed, and support plans gave guidance to staff how to support people safely in the least restrictive way. All staff we spoke with knew people, understood their risks and could describe how these risks were managed.
- The service worked in partnership with people to review their risks and to agree the ways in which these were managed. For example, one person was at risk of exploitation. The staff had discussed how to support the person best in their community and agreed a plan to create a one-page "about me" document to give to specific, trusted people in the community who could support the person if needed and to help them understand the person's needs.

Staffing and recruitment

- There were suitable numbers of staff deployed to meet people's needs and keep them safe. The service recruited based on the needs of people and interviewed staff to ensure they reflected the values of the service; being flexible, person-centred and passionate to support others.
- Recruitment procedures were robust and ensured staff were appropriate to work with people made vulnerable by their circumstances.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People's medicines were managed safely. People received their medicines as prescribed and they had support plans which reflected the help they needed. People's abilities to manage their medicines independently was assessed and promoted.
- People's medicines administration records were reviewed weekly by the registered manager or deputy to ensure their medicines were being managed safely. Any errors were identified and managed appropriately.
- People had "as needed (PRN)" protocols to ensure they had pain relief or other medicines safely. These identified what were the indications for the medicines' use, the maximum dose and when to seek professional advice if symptoms persisted.
- Staff had training in medicines administration and had their competencies assessed and reviewed to make sure they were safe.

Preventing and controlling infection

- People's individual infection control risks were considered. People were supported to learn and follow good hygiene practices in their daily lives.
- Staff understood and followed good infection prevention practices and had personal protective equipment, like gloves and aprons, available to use.

Learning lessons when things go wrong

- Incidents were reported, and actions were taken to reduce the likelihood of re-occurrence. Staff were encouraged to report and felt confident to report any issues.
- Incidents were considered learning opportunities and were discussed with staff during supervision and other meetings to help them reflect, learn and improve the quality and safety of the service.



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

- People's needs and preferences were fully assessed prior to offering support to ensure the service could meet people's needs. Professional guidance was reflected in people's support plans.
- Some assessments needed adjusting to fully reflect best practice or evidence-based guidance, such as for nutrition and pressure area risk assessments. The registered manager took this on board and immediately began updating assessment templates in line with evidence-based tools available.
- Where people had behaviour which may challenge, there were effective measures in line with good practice guidance to support them. The service understood the causes for their frustration and anxiety and supported them in a way which achieved positive outcomes.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable and felt able to deliver effective care. There was a good induction programme in place to ensure staff had core skills, knew people's care needs well and knew the service policies and procedures before working with people independently.
- Staff had training which covered core knowledge and skills and had refresher training as needed. Staff told us the training and support available was very good and felt prepared for their role.
- Staff received regular supervision and support to review their training, knowledge and confidence in their role and look at whether any further support was needed.

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

- People were supported to eat and drink enough. People's risks and preferences around food and drink were assessed, such as whether they were at risk of obesity, malnutrition or dehydration.
- People were encouraged to maintain a healthy diet while respecting their choices. People were supported to gain life skills in relation to healthy eating and cooking. People were supported to make mealtimes a social event.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked well with other agencies to ensure people received the care they needed and were supportive of people when moving between services, such as admissions to hospital.
- The service continued to support one person while in hospital, providing continuity with staff the person knew supporting them, which was very important to them.
- People were supported to access other healthcare services, such as the dentist, optician, GP or podiatrist. The service actively sought support and guidance from other professionals in ensuring people received effective care.

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 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 understood mental capacity and the principles of the MCA. People's capacity to consent to decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service undertook best interest meetings where someone lacked capacity to make a specific decision and involved people who were important to them. Where one person had complex family relationships, the service ensured they had access to advocacy services and staff who knew them supported them to ensure their voice was heard.

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

- The service had an inclusive culture and respected and celebrated diversity in both people receiving support and in their workforce. Staff were kind, considerate and compassionate to people's needs. They were respectful of people's wishes in all aspects of their life.
- Staff at all levels of the service knew people very well and knew their individual needs. People's personalities, sense of humour and life histories were understood by staff and we saw people had genuinely caring relationships with them. Staff were gentle and respectful, and people appeared comfortable with them.
- We saw positive feedback from people and their relatives about the quality of care provided. One relative fed back that staff "have a calming effect on [person]. They are readily available to listen and make suggestions for future care". One person said, "You make it a very personal care package and genuinely feel a sense of care and companionship from the [staff]."
- People told us that staff were kind and that they liked the service. One person told us, "I like all the staff, they are very good." Another person told us, "They [staff] are good, they help and support me."
- Staff understood people's emotional needs, and these were explored in depth with them and reflected in their support plans. These also gave advice to staff about how best to support the person while maintaining professional boundaries.

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

- The service was particularly skilled in supporting people with learning disabilities, mental health problems and other disabilities which affected their ability to express their views. The service used a variety of tools and methods of communicating to support people to do so, such as simple spoken or written language, pictures, non-verbal body language or facial expression cues and Makaton. Makaton is a language using hand signs and symbols combined with words to assist people with limited verbal communication.
- Staff supported people to be involved in all aspects of their care planning and support plans were written from people's viewpoints. People told us that staff gave them choice and helped them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- The service was mindful of people's privacy and was aware of how their cultural or personal background affected this. For example, two people being supported liked to maintain privacy of certain parts of their home, so these rooms were kept locked and staff asked if and when they would like the rooms cleaned.
- Staff were respectful of people's personal boundaries and respected people's confidentiality.
- People were supported to maintain and develop their independence where possible. Support plans identified what elements of care people were independent, and which they wanted support with. Some people were being supported to develop life skills and others were encouraged to maintain their independence, for example, one person liked to do their gardening, but were not always aware of the risks of the activity, so staff ensured electrical cables and equipment were managed safely to allow the person to maintain their independence.

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

- The service provided highly personalised care which met people's needs. Staff worked with people to undertake a thorough assessment to ensure their preferences were reflected in their support plan.
- People were supported to have as much choice and control as possible in their lives. For example, one person had a high level of knowledge of their medicines and was supported to maintain control of this element of their care as this was extremely important to them.
- Staff knew people well and identified quickly when their needs changed. The service was proactive in seeking support and services from other healthcare professionals or services to ensure people's needs continued to be met.

Meeting people's communication needs

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.

- Staff understood people's level and preferred methods of communication and adapted the way the communicated to ensure people could understand and process the information. Information was provided to people in a way that met their needs.

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

- People's support plans identified topics they were interested in, their past work histories, their routines and hobbies. People were supported to explore and develop hobbies and interests which were meaningful to them.
- People were supported to develop relationships and connections within their local community to avoid social isolation.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy in place. One complaint had been received and had been managed appropriately.
- People's views and feedback was actively sought, and any learning was fed back and shared with staff, for example about the way in which people liked to be cared for, or how staff performed a task.

End of life care and support

- At the time of the inspection no people were being supported by the service at the end of their lives.
- People's wishes around end of life care were discussed and captured where appropriate. This included where they wished to be, people who were important to them and their spiritual needs.
- People were supported to make advanced decisions about their care and the service worked with other professionals to ensure their needs would be met.

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

- The service had a clear vision and set of values which promotes person-centred, high quality care. The service was an extremely inclusive environment for staff and for people using the service and the managers embraced diversity in their workforce.
- The management team promoted an open culture and staff felt empowered and involved in the service. The staff were encouraged to support people to achieve positive outcomes and a high quality of life.
- Staff fed back that they felt very supported in their roles. One staff member commented on a feedback form, "Staff in the office are always friendly and able to talk any time of day or night." Another member of staff told us, "I feel supported."

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 understood their responsibilities related to duty of candour and was open and honest with people and their families when things went wrong or when improvements could be made.

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

- There was a clear management structure in place which ensured there was clear oversight of quality and safety in the service.
- Medicines administration records were audited weekly to ensure people received their medicines as prescribed and identify any issues or errors and take appropriate action.
- The registered manager and deputy manager understood their regulatory requirements. The managers took a hands-on approach and regularly provided support to people to lead by example for staff and proactively manage staff performance.

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

- The service had identified that audit and quality assurance was not an area of strength and had recently hired a team leader who had an interest and experience in this area to support this.
- The service sought feedback from people, their relatives, staff and other professionals regularly and through questionnaires to ask their views. This included if there was anything the service could improve on. The feedback was largely positive, the service acted on any improvements needed, for example one person fed back that they could work on the consistency of staff undertaking visits, which the service had worked to improve where possible.

Working in partnership with others

- The service worked in partnership with other healthcare professionals and agencies to ensure people received the care and support they needed. This included mental health and learning disabilities services, community nurses, social services and people's GPs.
- The service was working with hospital staff to provide support to someone with complex needs while they were in hospital.