

S & S Home Care Limited

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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

S & S Home Care Limited provides a range of services to people living in the community including, housekeeping, shopping and personal care from office premises in Keighley. The agency provides care and support services to people who are elderly, have dementia or whose health is in some way impaired. At the time of inspection the agency was providing care and support to 23 people and employed 8 staff.

We started the inspection of S & S Home Care Limited on the 27 February 2017 and finished the inspection on 14 March 2017. We announced the inspection 48 hours prior to our arrival to make sure the registered manager would be available.

At the time of inspection there was a registered manager in post. 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 told us they felt safe using S and S Home care Limited. We saw staff had received training in safeguarding adults and were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing policy (reporting poor practice) in place and told us they were certain any concerns they raised would be taken seriously by the registered manager.

Care records contained assessments that had been completed before people started to use the service. They were detailed and showed what support the person required and how the service planned to provide it. The assessment process ensured staff could meet people's needs and the information provided was used to develop support plans and risk assessments.

Care records were person centred and contained detailed support plans and risk assessments that guided staff on the support people needed to meet their health and social care needs. Care records were reviewed regularly to ensure they reflected people's current needs.

Robust recruitment procedures were in place which ensured only staff suitable to work in the caring profession were employed. Staff received the training, support and supervision they needed to carry out their roles effectively.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People told us they had been consulted about their care records and felt involved in how their care and support was provided. They said staff always consulted them before providing support. Staff were able to tell us how they supported people to make their own decisions. The registered manager and staff were aware of the process to follow should a person lack the capacity to consent to their care.

People told us the service was reliable and that visits were never missed. People told us the staff was friendly

and they were usually supported by the same staff, who knew them well.

If people required staff to assist or support them to prepare food and drink, information was present within their support plan and staff told us they encouraged people to eat a healthy diet.

We found the registered manager and staff we spoke with were able to tell us about the people who used the service. They knew their likes and dislikes and things that were important to them. They all spoke respectfully and with warmth about people who used the service.

There was a robust system of weekly, monthly and annual quality monitoring and auditing in place to help improve the quality of the service provided. There was a complaints procedure for people to voice their concerns. People told us they had no complaints but were confident that they would be listened to and action would be taken to resolve any problems they may have in the future.

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.

People told us they felt safe receiving care in their own home.

People were supported by staff who knew how to protect them from abuse.

People were supported to take their medicines and helped to manage them safely.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

People were involved in discussions about their care and support needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice and assisted where needed to access healthcare services.

People were always asked for their consent before staff assisted them with personal care.

Is the service caring?

Good ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about how they

wanted their care and support to be delivered.

Is the service responsive?

Good ●

The service was responsive.

Support plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was a quality assurance monitoring system in place that continually monitored and identified any shortfalls in service provision.

Audit results were reviewed and analysed for themes and trends. If necessary changes were made to procedures or work practices.

People spoke highly of the quality of the care and support they received. They told us the service was well organised and well-led.

Staff felt supported and enjoyed working for the service.

S & S Home Care Limited

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.

We visited the provider's offices on 27 February 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

During the visit to the provider's office we spoke with the registered manager and operations manager. We also looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service.

Following the visit to the provider's offices we carried out telephone interviews with eight people who used the service or their relatives and four staff members. We completed the inspection process on the 14 March 2017.

We usually ask the provider 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. However, on this occasion we did not ask the provider to complete a PIR.

Is the service safe?

Our findings

The people we spoke with told us they felt safe using S & S Home care Limited. One person said, "The staff are excellent and I feel safe and comfortable in their presence." Another person said, "The staff all very good but if I had any concerns about my safety or doubts about their honesty I would have no hesitation in contacting the office and speaking with the manager."

People told us staff always made sure their care and support was provided in line with their agreed care plan. For example, if they required two staff to assist them with their personal care, two staff always arrived. This ensured safe care and support was provided and their health and safety was not compromised.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. There was also a whistle blowing policy in place. The registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who it should be reported to. Staff were confident that if they reported any incidents the registered manager would deal with them appropriately.

The registered manager confirmed the agency employed sufficient staff for operational purposes. Staff told us they never felt rushed and always had sufficient time to meet people's individual needs. One staff member told us, "We are a small staff team which means we know the people we support very well and always make sure they receive care and support in line with the care package in place."

We found a safe system of recruitment was in place. We looked at three staff files and saw they contained an application form including a full employment history, interview questions and answers, health declaration, references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw policies and procedures were in place to guide staff on the company's expectations about recruitment, code of conduct, sickness and disciplinary procedures. This information should help ensure staff know what is expected of them in their roles.

The provider had policies and procedures relating to the safe administration of medicines in people's own homes which gave guidance to staff on their roles and responsibilities. We saw medicine administration records (MAR) had been completed correctly and were returned to the office on a monthly basis for auditing. We saw the MAR showed the time medicines had to be administered which ensured time critical medicines were administered as prescribed and what the medicine had been prescribed for. We found protocols had been put in place for medicines prescribed 'as and when required' basis (PRN) which provided guidance to staff on the circumstances under which the medicines may be administered. The registered manager confirmed staff did not administer medicines covertly.

We looked at four people's care records. They contained detailed risk assessments that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we saw included risk of falls, manual handling, mobility, finance, medication and the environment. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

We saw incidents and accidents were recorded correctly and included a description of the incident and any injury, action taken by staff or registered manager and recommendations to prevent reoccurrence. We saw that these records were reviewed as part of the internal audit system. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

Is the service effective?

Our findings

The registered manager told us all new staff completed induction training provided by an external e-learning provider. The training provider offers a wide range of training course that satisfies the requirement of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw the majority of mandatory training courses completed by staff were done by e-learning and there were systems in place to ensure staff updated their training on a regular basis. We saw mandatory training included health and safety, moving and handling, infection control, equality and diversity, safeguarding and the Mental Capacity Act 2015 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also received practical training on moving and handling on an annual basis.

The staff we spoke with told us the training provided was good and enabled them to carry out their roles effectively. They also told us if they required specific training to meet an individual persons needs or for their own personal development the registered manager ensured a relevant training course was sourced. For example, one staff member told us they had informed the registered manager they wanted further information and training on diabetes and an appropriate e-learning training course was found for them to complete.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principals applied to their role and the care the agency provided.

The staff we spoke with were aware of the importance of seeking people's consent before assisting them with personal care and support. One staff member told us, "I would never assist people unless I had asked them if it was okay to do so first." Another staff member said, "I would never make someone do something they didn't want to do. If it had an impact on their care or general health I would contact the manager and we might need to review the persons support plan."

People told us staff always sought their consent before providing care. One person said, "They always ask if it's okay to help me when they first arrive. They ask my permission." Another person told us, "They always check with me first before they [staff] do anything. They make sure I agree and am happy."

We saw if people required support with cooking meals and maintaining a healthy diet this was recorded in their support plans. For example, the nutrition and hydration support plan for one person showed they were on a gluten free diet and required prompting to drink plenty of fluids throughout the day. The daily records completed by staff evidenced the support plan was being followed in line with their assessed needs.

One person said, "The staff make me something to eat at least twice a day and always leave me with a cup of tea before they leave." Another person said, "The staff cook some meals for me and they are pretty good cooks considering the amount of time they have."

The staff we spoke with told us wherever possible they encouraged people to make their own meals drinks and snacks. One staff member said, "It may take longer but what we don't want to do is take away someone's independence therefore it is time well spent."

People told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. The relative of one person told us, "I have peace of mind of knowing that my mum is well cared for and if she is ill the staff will contact both her GP and me immediately." Another person said, "I am very lucky the staff are wonderful and will ring the GP or nurse for me if I feel unwell." This showed us the policies and procedures in place to support people in such emergencies were effective and staff acted in people's best interest.

One member of staff said, "If I found someone wasn't well I would call a GP or an ambulance if I needed to. I would let the manager know what I had done and record everything." Another staff member said, "Because we see people on a regular basis we know immediately if things are not right and if necessary would wait with them until the relevant healthcare professional arrived."

The registered manager told us they had a good working relationship with other healthcare professionals and staff always followed their advice and guidance.

Is the service caring?

Our findings

We saw that when people started to use the service they were given a service user guide. This contained important information about the service and the way it was run. It included information about staff, how the quality of the service would be monitored, confidentiality, how to make a complaint and details of the services provided. This should help to ensure people know what to expect from the service.

People told us they were supported by staff who kind and caring. One person said "The staff really care about me; they always go the extra mile and make sure I have everything I need before they leave." Another person said, "They can't do enough for you and they are so friendly and approachable."

People told us they had regular staff and had built up relationships with them. They said the staff were familiar with their life histories and knew their family. They understood their daily routines, choices and preferences, such as what they preferred to be called and how they liked to receive their personal care.

People were encouraged to maintain their independence. One person said, "They will only do the things I struggle with and even then, they encourage me to do as much as I can for myself." Another person commented, "I do as much as I can myself and they help me with the rest. It's important not to sit all day." This demonstrated that people had choice and control about the level of care and support they received.

The relatives we spoke with were also complimentary about the relationships between staff and the people they supported. One relative said, "I am really pleased with the service provided. It not only helps [name of person] but also me because as their main carer it gives me a break and allows me a little time for myself which I don't often get." Another relative said, "They are really brilliant. [Name of person] really looks forward to them [staff] coming because they have such a good rapport with them."

The staff we spoke with told us they respected people's dignity and privacy. For example, they told us how they respected people when supporting them with personal care by taking their preferences into account and always ensuring they explained and reassured them throughout the process.

It was apparent when speaking with staff that they knew the people they visited very well and spoke positively about how much they enjoyed their work. One staff member said, "I love this job and I would not want to work anywhere else. Another staff member said, "There is only a small staff team so people very quickly get to know everyone and I feel that helps a lot, people want to know who is going to provide their care and support."

We saw the agency had policies and procedures in relation to protecting people's confidential information which showed they placed importance confidentiality. One person who used the service said, "The staff remain professional at all times, and don't talk about other clients when they are in my home. So I know that they won't discuss me with other people and that's the way it should be."

We saw staff had received information about handling confidential information and on keeping people's

personal information safe. All care records in the office were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

People told us the service was reliable and they did not have any concerns and staff were able to spend sufficient time with them so that they received the care they wanted. They said the registered manager responded quickly if their needs changed, for example re-arranging call times. This showed the provider had systems in place to ensure they were responsive to any changes in a person's needs.

People told us they were involved in all aspects of developing their care plan and in making decisions about how their care and support needs were met. One person said, "I have regular reviews of my care, my care needs have changed and they [staff] discussed this with me." Another person said, "[Staff] discussed what support I needed with me and involve me in all aspects of my care."

We saw before people commenced a care package with the agency, a full assessment of their needs was carried out. This included gathering full information about the person's needs and their views on the kind of support they wished to receive. This included details about their medication, an environmental risk assessment, moving and handling requirements, daily routine and various other risk assessments.

The registered manager told us that because the agency had only a small staff team they also provided 'hands on' care and support. They told us when a new care package started either they or one of the two senior care staff employed by the agency would generally visit the person for the first two weeks to ensure it was appropriate to their needs.

The records we looked at showed people's care and support was regularly reviewed to ensure it was relevant and up to date. We saw records were written in a personalised way and provided information about people's preferences, what was important to the person and also included an assessment of specific risks to safety.

The staff we spoke with had a detailed knowledge of the people they supported; their likes, dislikes and personal history. They told us they realised how difficult it was for some people to accept they needed assistance and therefore always ensured they treated people as individuals, encouraged them to make choices and promoted independence. They said that any changes in a person's needs or general health would be reported to the registered manager or the office. For example, if they felt a person needed additional support with their personal care or the visit time was not suitable.

People told us care plans were kept in their homes and they could look at them at any time. One person said, "I have a folder which contains all the paperwork the staff use including my care plan and other information. I aware I can look in it but to be honest I don't really bother because they do everything I ask of them." We looked at the daily reports completed by staff and found they detailed the support they had provided every visit and the time they had arrived and left.

We saw the service had a complaints policy and procedure which informed people how they could complain, what the service would do about it and how long this would take. It also gave people details of

managers and contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with.

People we spoke with knew how to make a complaint and were confident that if they raised any concerns it would be taken seriously and dealt with quickly. One person told us, "I have never made a complaint but know the procedure and would use it if I had a problem." Another person said, "The manager gave me some information about S & S Home Care Limited when I first started to use the service which included the complaints procedure. I have never used it. I generally just speak with one of the staff or the lady in the office."

People told us they also had the main contact number and the out of hour's emergency number for the agency so they could contact them at any time.

Is the service well-led?

Our findings

The service had a registered manager who was present during our inspection. 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. Everyone we spoke with was complimentary about the registered manager.

People told us the registered manager was approachable and they were always able to contact them if they had a problem. One person said, "I know [Name of person], the manager very well they sometimes visit me and provide my care." Another person said, "There is never any trouble contacting the agency there is always someone in the office during the week and we have a number we can use at other times."

People told us that the registered manager or a senior carer came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They also told us the registered manager or operations manager often rang them up to find out how they were and always listened to them and took their views seriously.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers and managers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

We found there were good systems of quality assurance checks and audits. We saw this included supervision, training, staff files and care records. We saw that daily record checks included checks of the time staff had arrived and left the visit, what tasks had been completed and if documentation was correct. We saw the audit system covered all aspects of service delivery which meant any shortfall in the service were quickly identified and addressed.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us both they and the two senior care assistants employed by the agency carried out random spot checks on staff as they worked in people's homes. The records we looked at showed these spot checks included looking at support plans, checking daily records and tasks completed and asking the person if they were happy with the service provided or had any issues. They told us this ensured they pick up good or poor practise. A relative we spoke with said, "They are constantly and consistently checking how things are for you."

The registered manager also told us they at times worked alongside staff so they were able to make sure people's care and support was being delivered in line with their agreed support plan.

We found there was a positive culture in the agency, the registered manager and senior staff provided strong leadership and led by example. We saw staff meetings were held to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the management of the service or the care and support people received.

The staff we spoke with told us they enjoyed working for the agency and there were clear lines of communication and accountability. One staff member said, "I have worked for the agency several years and can honestly say I would not want to work anywhere else. We have a small staff team who work well together and a manager who listens to what we have to say. I consider we provide good quality care which enables people to continue to live in their own homes."