

Sandant Care Limited

Sandant Care

Inspection report

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West Midlands
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Date of inspection visit:
27 February 2019

Date of publication:
20 March 2019

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: Sandant Care is a domiciliary care agency. It provides personal care to older and younger adults, people living with dementia, people with a physical disability, people with a learning disability or autistic disorder and people with mental health conditions, living in their own home and supported living settings. Not everyone using Sandant Care receives a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Sandant Care provided a service to six people at the time of the inspection.

People's experience of using this service:

People received safe care from regular staff, who understood their needs and what was important to them. The registered manager also provided care to people and led by example. The registered manager had high standards and staff shared these which ensured people received safe, consistent individualised care.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Consent to care and support was sought in line with legislation and guidance.

Staff had developed caring relationships with people they supported. Positive outcomes for people exceeded expectations. Staff worked hard to provide a consistently better quality of life for people by supported them to develop in areas such as communication and social interaction. Information was communicated in a range of formats that was accessible to everyone regardless of their ability.

Care and support considered people's abilities, needs and preferences and reflected their physical, emotional and social needs. People were aware of the providers complaints procedure.

The registered manager placed a clear emphasis on good governance and quality assurance was robust. The culture of the service was person-centred and provided good outcomes for people.

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

Rating at last inspection: This was the services first inspection since becoming registered in October 2017

Why we inspected: This inspection was a scheduled inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 exceptionally caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details in our Responsive section below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sandant Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an expert by experience who made phone calls to people or relatives in their home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Sandant Care is a domiciliary care agency. It provides care to people living in their own homes.

The service had a manager who was also the provider and was registered with the Care Quality Commission. This means that they 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 inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on the 26 February and ended on the 27 February 2019.

What we did:

Before inspection: We reviewed the information we had received about the service since the last inspection. The provider had completed 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

During inspection: We looked at two care files, three staff files to review recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager and six care staff provided information via a questionnaire. We spoke with one person and two relatives over the phone.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were protected as far as possible, from abuse and avoidable harm because staff followed the provider's safeguarding policies and procedures.
- All people and relatives we spoke with said they feel safe when they were with the staff.

Assessing risk, safety monitoring and management.

- Risk assessments associated with people's needs and the environment had been completed. These included assessments for people who were at risk of falls, staff had guidance on how to reduce this risk and ensure there were no trip hazards.
- There were never any missed calls. If a care worker was unable to attend the registered manager attended. People and relatives, we spoke with confirmed this.

Staffing and recruitment.

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered. One family member said, "They find the right support for [named person] in terms of people that will connect with her." The registered manager told us they only allocated staff when they felt confident they could provide safe and effective care
- Safe recruitment processes were used to ensure only staff suitable for their role were employed.

Using medicines safely.

- The systems in place for medicines management kept people safe.
- Staff received a medicine competency check at least annually or more often if required.
- The registered manager completed checks of people's care records to confirm people had received support with their medicines as required.

Preventing and controlling infection.

- People were protected as far as possible from the risks associated with cross contamination.
- Staff received training on infection control.
- Staff had access to plenty of personal protective equipment (PPE).

Learning lessons when things go wrong.

- The registered manager learnt when things went wrong. For example, a decision made by one family member didn't work out, the registered manager supported the family to rethink their decision.

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.

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 received a detailed, holistic initial assessment of their needs and care was provided in line with standards, guidance and the law.
- Agreed outcomes and goals were clearly recorded with people's input, choice and expectations.
- Care and support was continually evaluated to ensure it remained relevant and effective. □

Staff support: induction, training, skills and experience.

- Staff training was up to date, they received training which was effective and gave them enough information to carry out their duties safely.
- New staff were provided with a comprehensive induction which included access to a mentor.
- The registered manager completed spot checks to observe staff practice and competency.

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

- People's needs associated with any dietary requirements had been assessed; this included consideration of religious and cultural needs.

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

- Staff worked closely with external healthcare professionals such as speech and language therapists (SALT).
- Staff supported people to hospital and GP appointments.
- Each person had a hospital passport to share important information should they need to go to hospital.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We saw evidence of signed consent in peoples care plans.

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.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity.

- People and relatives were extremely happy with the staff. Comments included, "They [staff] are absolutely brilliant," "Staff speak to me about the care I want" and "Good staff, always fair, I have meetings with the staff and they offer choices, I would recommend Sandant Care, defo."
- The registered manager got to know people really well; they knew people's preferences and used this to tailor exceptional care for the people, in the ways they wanted.
- Staff were motivated to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people.
- People experienced exceptional outcomes. For example, one person came to the service after another service could not meet their needs. Due to staff and the registered manager taking the time to fully understand the person, they identified bespoke strategies to prevent or minimise anxieties the person experienced. The impact for the person was a more active and enjoyable day.
- People who could not communicate verbally, were supported to communicate with tools such as picture cards and all required paperwork was in easy read, pictorial format. The service took on a package of care for a person and they were told the person could not communicate verbally. The registered manager and staff spent a lot of time with this person and found that although the person was difficult to understand they could communicate if you listened closely and learnt to understand them. The outcome for this person was the ability to have conversations with people. This was a great achievement and progress for the person. Every day this person drives past the office and the registered manager goes outside so the person can tell them about their day.
- People's health and well-being improved. Sandant care supported one person effectively who was socially isolated. Following assessment, they worked with the occupational therapist and social worker to put mobility equipment into the person's home. This enabled them to now take part in community activities and promote their independence.

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

- The registered manager and staff supported people to make decisions about their care. For example, one person needed encouragement to drink fluids. A staff member made them a special chart to enable them to manage this. This person responded to lots of praise and prompts and the impact of this chart ensured they drank enough to remain healthy.
- The service worked closely with external professionals to help to support decision making for people. For example, the speech and language therapists (SALT) team and advocacy support. An advocate is someone who will independently supports a person to ensure their rights are being upheld.
- Staff worked in partnership with people and empowered them to have a voice and share their views.

Respecting and promoting people's privacy, dignity and independence.

- Staff explained how they promoted people's independence. Comments included "I ask them [people who used the service] what they would like to achieve and give them support to learn new tasks" and "Allowing choice and encouragement and providing a healthy and enlivening home life."
- Staff valued and respected the people they cared for. One staff member said, "Everyone needs to feel included and that their values are being regarded, I ensure they [people] are fully involved in any decisions as well as asking their opinions and listen to what is important."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans contained some good personalised information such as the person's life history.
- Following an assessment of people's needs, care plans were developed and agreed with the person, in how they wanted to receive their care. Care plans provided staff with guidance about people's needs, routines and what was important to them in how they received their care.
- Care plans were reviewed at least monthly or when needs changed.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender, and their choices and preferences were regularly reviewed.
- People were supported to access activities of their choice in the community and to build friendships. The registered manager had set up a quarterly 'team and service user' activity day. People took turns to do what activity they want, the last one was a day trip to Drayton Manor. Everyone went on a mini bus, but a separate car was taken, especially for one person who may not have been able to cope with the noise. By taking the car staff could have taken the person back home at any time. It turned out they loved the day and we saw lots of photographic evidence.
- The service arranged a weekly disco, so everyone could get together. This also provided an opportunity for people to chat with the registered manager and all staff. One relative said, "They [Sandant Care] find the right support for [named person] in terms of people that connect well with them."
- The registered manager arranged a Christmas party for everyone who used the service and their families and friends. One person commented, "Thank you for putting on such a lovely eventing (Christmas party) for your service users and families. It is obvious you are a group of really caring people and that is fantastic to see. Thank you letting us join in your celebrations we all had a lovely time."

Improving care quality in response to complaints or concerns.

- People had access to information on how to make a complaint, this was also available in easy read format.
- The service had received no complaints since becoming registered.
- We asked people and their relatives if they had any concerns. Comments included, "No problems so far" and "Nothing major, just little things like bringing them to the door from the car, they were all sorted."

End of life care and support.

- Staff had received training on end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager conducted a comprehensive list of audits which included checking people's care plans, daily notes and medication administration charts monthly.
- The registered manager also completed spot checks on staff about eight times a year. During spot checks they looked at staff appearance, attitude, records and time keeping. They also checked whether the person they were caring for was happy and content and if there were any concerns about the person's wellbeing.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- The registered manager actively supported the care staff in their roles. The registered manager said, "If a staff member is running late to a call or off sick, I will do that call for them. For one person I have a deal that I will always do their care once a month, I am usually there every week anyway to make sure they are okay"
- People and relatives, we spoke with were happy with Sandant Care. Comments included, "I am happy with them, they seem to know what they are doing" and "Everything is fine."

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

- People and their relatives told us the service was well led.
- The staff team said they felt supported by the registered manager and knew the standards and expectations required of them. Comments included, "I am supported, the manager cares for the service users and puts their heart and soul into their job" and "I can approach the manager about everything, we see her most days, we promote independence for people and give each individual good life skill, I love this company."
- The registered manager could explain their responsibilities well and stated they were there to care.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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

- People's views were sought of the service they received.
- A survey had been sent to people and their families on 9 February 2019. The replies were all positive.
- The registered manager was in the process of setting up an electronic system to communicate with staff.

Staff meetings were starting to be take place more frequently.

Working in partnership with others.

- The service worked well in partnership with a range of other agencies and professional such as social workers and day service staff to best meet the needs of people.
- The service worked with other sections of the organisation to promote good practice.