

Sapphire Care & Support Services Limited

Sapphire Home Care

Inspection report

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Hastings
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Date of inspection visit:
04 April 2023
06 April 2023
11 April 2023

Date of publication:
21 April 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sapphire Home Care is a domiciliary care agency providing personal care to 23 people. The service provides support to a range of people with different needs, including people living with dementia, people with physical disabilities and people with sensory impairments.

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 were protected from the risk of abuse by staff that understood and followed safeguarding procedures. Staff knew people they supported well and understood how to manage risks to them. There were enough staff to support people safely and systems were effective to identify if there were any issues with staff timings. People were supported with their medicines safely and staff wore appropriate personal protective equipment (PPE) to keep people safe.

People and their relatives were positive about the kind and caring nature of staff and the management team. People told us staff supported them to be independent. The management team had effective quality assurance processes in place to monitor the support provided to people. People and their relatives were given regular opportunities to give feedback to the service.

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.

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 2 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sapphire Home Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sapphire Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the

service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 April 2023 and ended on 12 April 2023.

What we did before the inspection

We reviewed information we held about the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke to 7 people and 6 people's relatives about the support provided. We spoke with 8 members of staff which included both directors, the support and development manager as well as care staff. We reviewed 4 people's care plans and medication records as well as multiple documents relating to the quality assurance processes at the service.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood people's individual risks of abuse. Where people were at risk of abuse, staff took measures to keep them safe. Support required to protect people from abuse was clearly detailed in their support plans.
- The provider understood their responsibilities around safeguarding and had appropriately recorded and reported safeguarding concerns to the local authority safeguarding team and taken appropriate action to protect people.
- People and their relatives told us staff supported people to keep safe. One person told us, "The carers are very professional, and I have never got embarrassed. I feel perfectly safe with them."
- Systems were in place to ensure that learning was taken from incidents to make improvements where necessary.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed by staff. People had risk assessments in place which detailed what the risk to the person was and how staff should support the person to manage that risk. For example, people at risk of falls were supported by staff to minimise this risk. One person told us, "I have been having a lot of falls lately and they (Staff) watch me and make sure my frame is nearby."
- Risks associated with people's personal care were safely managed by staff. Some people required support with their catheter care. Instructions for staff on how to support people to manage this safely were clear and staff recorded the support provided. Staff had been provided with appropriate training on how to support people with their catheter care.
- Relatives told us that staff were observant and quick to identify and act on risks. One relative told us, "There was one carer who did a great job in spotting a very red and swollen [body part] and acted fast. It turned out to be a [serious medical condition]. They are on medication for it now." Staff understood the importance of reporting concerns quickly and felt they were able to do this easily and efficiently with the current reporting processes in place.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. Staff had completed mental capacity assessments to determine whether people were able to make their own decisions. Capacity assessments were decision specific and clearly recorded how the outcome was reached. Where people lacked capacity, staff had made best interest decisions for the person, considering the person and their representatives' views.

Staffing and recruitment

- People and their relatives told us they were supported by staff who knew them well and were trained in how to support them safely. One person told us, "I think they are trained well. In fact, they are jolly good girls and are always asking me what I need."
- Staff received training on how to support people safely. Staff were trained in areas that were relevant to people's specific needs. The management team carried out regular spot checks on staff to ensure they were putting their training into practice.
- Staff were recruited safely. The provider made checks on newly recruited staff such as identity checks, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff completed a full assessment of the support people needed with their medicines before being supported by them. This assessment included people's understanding and ability to be involved in taking their medicines and any safety risks to consider.
- Medicines were managed and administered safely. People's medicine administration records (MARs) showed people received their medicines as prescribed. People and their relatives confirmed this. Medicine records were monitored daily by the management team.
- Staff received training in administering medicines which included E-Learning and practical sessions. Staff were regularly competency checked to ensure they followed policies and procedures when administering medicines.

Preventing and controlling infection

- Staff received training in infection prevention and control and understood how to keep people safe. Staff wore appropriate personal protective equipment (PPE) when supporting people. People and their relatives confirmed, "The carers always wear PPE and change their gloves quite a lot."
- Staff were informed about any changes to government guidance relating to infection control when changes happened. This was also discussed in staff meetings to ensure staff were aware of what they needed to do to keep people safe.



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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People and their relatives told us staff were responsive to people's changing needs and tailored the support they provided to what the person needed. One relative told us, "[Person] can sometimes be in a lot of pain and the carers are very good at taking it at [person's] pace and making sure they are ok before they do the next thing."
- Some people were able to tell us how the attitude and encouragement of staff had helped to increase their independence and mental wellbeing. One person told us, "One of the carers saw that I was getting a bit down and encouraged me to go with her on my shopping day. I am so grateful to her because I didn't think I could do it but with her encouragement and support, I feel much better for it quite honestly."
- Staff told us about one person they supported who had a fear of leaving their home. A small, consistent staff team had worked with this person to build up their trust and confidence around leaving their home on each visit over a long period of time. They were now confident to go out into the community with support from staff and had enjoyed social and health benefits from their new routine.

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

- There were systems in place to monitor the quality of the support provided to people. This included a daily sign off sheet for each person where management staff checked records of support each person had received that day. This allowed for the monitoring of MAR records, daily notes and monitoring charts to happen on a daily basis in order to identify any concerns quickly. The management team gave us examples of where this audit system had enabled them to raise concerns with staff and address issues that arose as they happened to prevent their reoccurrence.
- The management team had set up systems to monitor care calls to quickly identify any discrepancies or

issues with times staff arrived and left people's homes. Following feedback from a people and relative survey, staff now clearly recorded when a person had asked to end their call early. This was regularly monitored by the provider.

- Staff told us they felt supported by the management team. One staff member told us, "They are always available and always really good if we need anything. They get to know us and adjust our rotas to suit our personal and family lives."
- The provider understood their responsibility around duty of candour and the importance of being open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were fully involved in writing their support plans and reviewing them regularly. One relative told us, "[Staff] came and did a risk assessment at the house before they started and we went through the care plan thoroughly. We were asked lots of questions. We have just had a review and have agreed to changes in the times [person] needs."
- People and their relatives were confident they could raise suggestions, concerns and complaints. One relative told us, "I haven't had to complain about anything, but I would call the office if I did, and I am sure they would sort it out."
- The provider and staff told us they were focused on ensuring that everyone they supported received an equal opportunity to experience their care and support the way they chose to. The provider had provided kit bags for staff to take to people's homes. These bags had essential items in them to ensure that people could be supported by staff in an effective and dignified way even if people did not have supplies in their home. This included items to support with personal care such as soap, flannels, hand towels, wet wipes as well as items to enable staff to respond quickly to changing health needs, such as a digital thermometer and sample pots.

Continuous learning and improving care

- People, relatives, staff and healthcare professionals were sent surveys annually to ask for comments about the support provided. Due to a low return on responses, the management team had considered how they could increase participation and make it easier for people to feedback to them. The provider was working on separating the surveys across the year by each topic area to make the process quicker and easier for people to feedback on the company on a more frequent basis.
- The provider received regular compliments from people and relatives. One compliment stated, "Along came this fantastic company, they didn't just look after [person], they genuinely cared so deeply for them and their well-being, like substitute family members. They supported, listened, and looked after them mentally, physically, and emotionally. Beyond this, they dealt with the multi professional teams and the paperwork that became involved with them to stay at home."