

Snowdrop Homecare Rutland LTD

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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

About the service

Snowdrop Homecare Rutland is a domiciliary care service. The service provides personal care to people living in their own homes or flats. At the time of the inspection there were 22 people who use this service. The service support younger adults, older people, people with physical disability and sensory impairment including dementia.

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

The service provided safe care. People felt safe. Staff knew how to raise concerns they may have about people's welfare. The provider took steps to address concerns, manage risks and keep people safe without limiting their freedom and control. There were systems in place to record, manage and learn from incidents that occurred at the service.

We have made a recommendation about an aspect of medicines recording.

Staff had the skills and experience required to meet people's needs. They promoted people's health and wellbeing and referred them to health professionals when required. People consented to the care and support they received.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service had a culture of empathy and compassion. Staff were kind and treated people like they mattered. They also treated people with dignity and respect and promoted their independence where possible, and their right to privacy.

The care people received was centred on their individual needs. The provider had systems in place to support people's communication needs. They were proactive in dealing with concerns and feedback raised to ensure care was responsive and met people's needs. People told us this meant staff support felt like

receiving help and support from their own family members.

People spoke highly of the leadership of the service. They promoted an inclusive and open culture within the service. Staff felt supported in their role. The registered manager understood and fulfilled their regulatory responsibilities. The service had effective systems in place to monitor and improve the quality of care they provided.

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 03/06/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the 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 14/07/2021 and ended on 28/07/2021. We visited the office location on 14/07/2021.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from

the local authority who pay for the care of some of the people who use the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and 15 relatives about their experience of the care provided. We spoke with seven members of staff including the provider and registered manager. This included face to face and telephone conversations. All the staff we spoke with provided care and support in people's homes.

We reviewed a range of records. This included three people's care records and 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. We looked at training data and quality assurance records. We spoke with the registered manager and provider remotely.

Is the service safe?

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

- People were safe. People and their relatives told us they felt safe when they received services from Snowdrop Homecare Rutland. This was because staff knew how to care for and meet their needs in a manner that supported their safety and welfare. A relative told us, "I feel totally safe, they've almost become family – they have a really good relationship with [person]."
- The provider had systems in place to protect people from the risk of abuse and avoidable harm. Their systems and protocols were understood and applied by staff.
- Staff were empowered to raise any concerns they had about people's care and well-being. Their concerns were promptly dealt with and reported to relevant agencies.

Assessing risk, safety monitoring and management

- People's care records included assessment of risks that may be associated with their care and support. This also included steps staff would take to ensure people's safety and minimise the risk of harm.
- Where concerns had been raised or incidents had occurred, the provider reviewed these and improved their systems to minimise risk of reoccurrence.
- Where people required additional support such as mobility aids and equipment to meet their needs, the provider ensured they received the required support. Staff were trained and competent in the use of mobility equipment and used them safely.

Staffing and recruitment

- The number of staff employed by the service was sufficient to meet people's needs in a timely and safe manner. The provider's electronic call monitoring was used effectively to support timely staff deployment.
- Staff were deployed in a consistent and person-centred manner. This meant that people were cared for by staff who knew them, their routines and preferences well. People told us this made them feel safe. A relative told us, "We've had the same team since they started – perhaps one change. They get on well with us and are really like family now." Another said, "They're from the same team, usually one of three. All highly competent, and they really know [person]."
- The provider followed safe recruitment practices. They completed relevant checks before they employed staff. This include references, identity and disclosure barring service (DBS) checks. This assured them that staff they employed were suitable to work with people who use their service.

Using medicines safely

- People's medicines were managed according to prescribed instructions. Most people who used the service were independent with managing their own medicines. Where people required support with their

medicines, this support was provided in a safe manner.

- Staff received training and support to be knowledgeable and competent in supporting people with their medicines.
- Staff completed people's medicines administration records. This showed the support people had received with their medicines. A relative told us, "[Person] can't manage tablet cartons or bottles so the staff help and make sure [they] takes tablets on time. They [staff] always put a note in the book."
- Staff were not always consistent on how they recorded when people did not require medicines. This did not have any impact on people or the quality of care they received.

We recommend the provider consider a consistent approach to further strengthen evidence recording and safety protocols in the administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infections and cross contamination. People told us that staff followed recommended infection practices to protect them from infections including COVID-19. They told us that staff consistently used personal protective equipment (PPE) when they delivered care and support.
- Staff had ample access to equipment, guidance and support required to promote infection control and prevention. This included the safe and effective use of PPE.
- The provider had a regular routine for staff testing for COVID-19. They also had arrangements in place to support staff to be compliant with current government requirements for COVID-19 safety and prevention.

Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording and escalation of incidents that occurred at the service. Staff were confident in the use of these systems to report any relevant incidents.
- Management staff dealt promptly with any incidents reported by care staff. They also completed regular reviews of reports of incidents and notified relevant professionals where required.
- Staff used these reviews as an audit of their ways of working and made improvements where required. For example, we saw that following an incident, an improvement was made to staff practice around infection control protocols. This improvement minimised the risk of reoccurrence of the incident.

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.

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

- Staff completed a comprehensive assessment of people's needs before people received support from the service. Risks assessments were reviewed regularly and included information and guidance to staff which enabled them to provide safe care that met people's needs.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience required to support people with their care needs. They had access to a period of induction when they commenced their role. They also had a comprehensive training and refresher program to support their skills and practice.
- Training staff received including courses to gain understanding of specific health conditions and how to support people who lived with these conditions. A relative told us, "[Person]'s [health condition] is a variable condition and has to be carefully controlled with meds. The carers seem to have increased their knowledge of condition the and are now invaluable." Another said, "[Person] lives with [health condition] and they have adapted well to recognising the condition."
- Staff told us they had prompt access to their managers for support and guidance when required.

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

- Where people required support with their nutritional needs, staff ensured they provided this support according to people's assessed needs. Care records showed that people were offered choice and required support with their food and drink.

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

- People were supported to maintain their health and wellbeing. They told us that staff supported them with health monitoring and were proactive with any changes they noticed in their health. A relative told us, "I don't know how we could want them to be any better. The personal care goes beyond the usual, they look out for any changes – they found [person] had developed an infection on toes and told me what to get."
- Staff referred people to health care professionals where required. They followed health professional's advice to support people with their health needs. A relative told us, "[Person]'s condition has deteriorated and now needs to be hoisted and is very frail. Snowdrop staff have been so helpful in helping get the right equipment to help be as comfortable as possible."

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.

- At the time of our inspection the service did not support anyone who was being deprived of their liberty.
- Staff had good knowledge of the MCA and its requirements. They sought people's consent before they provided care and supported. They also supported people to make decisions independently.

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.

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

- Staff were kind and compassionate. Staff told us the provider promoted a culture of care and empathy within the service. A staff member told us, "I think I've found my vocation. Even when we lose people, they [provider] do go above and beyond for the family."
- The provider was committed to supporting people's wellbeing. Staff treated people well, like they mattered. One person told us, "They [staff] cheer up my day, they treat me as a person, not a number or a job to get out of the way." A relative told us, "They [staff] really care. Not only do they look after [person] wonderfully but they also keep an eye on other issues – I was a bit groggy yesterday and the carers noticed. Later in the day the office manager rang me to see that I was OK."

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

- People were involved in decisions about their care. The provider's systems for assessing and providing care enabled people and their relatives to take the lead on decisions about how their care needs would be met.
- Care records showed that staff delivered care according to people's preferred choices.
- People told us the culture of the service supported them to express their views with managers and care staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. Care records included information on how staff promoted people's independence and supported people to maintain their privacy.
- People and their relatives told us that staff promoted their dignity. A relative said, "It's more like an extended family, they sometimes have to put up with a lot [description] as [person's health condition] increases – but they are always professional."

Is the service responsive?

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

- Staff had good knowledge of each person and how to support them. Staff we spoke to demonstrated a holistic understanding of each person they supported, their needs and preferences.
- People were at the centre of the care they received. The care and support staff provided was tailored to each person's individual needs. People's records and their feedback supported this. A relative said, "It's real person-centred care. They [staff] focus on what's needed."

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.

- Where required the service made adjustments to support people's communication needs. The service had policies and protocols in place which meant information could be provided in a variety of different formats if required.

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

- Where required staff supported people to maintain contact with their local community. This included support to access local shops or to access other activities within their local area. This meant that people were supported to remain part of their community where possible.

Improving care quality in response to complaints or concerns

- At the time of our inspection there had been no formal complaints made to the service.
- People, their relatives and staff told us that any concerns were dealt with promptly. The service was proactive to ensure the addressed concerns and feedback satisfactorily. A relative told us, "They [staff] will always respond positively to any emergency situation – even 'out of hours'. They are all very professional, highly experienced and above all calm."

End of life care and support

- The provider had systems in place to support people's wishes and any advanced plans they made regarding their end of life care and passing.
- Notifications we had received from the provider prior to our inspection showed people received good and compassionate care at the end of their life.

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.

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

- People told us there was an open and inclusive culture within the service. They spoke highly of the leadership of the service. They told us they had regular and timely communication with the managers. A relative told us, "We've only ever had very minor things to talk to the management about. Things get put right without fuss." Another said, "The leadership is outstanding. I've been impressed by their management since they started."
- Staff felt valued and supported in their role. They had access to prompt and regular supervision and guidance.
- The service was run in a non-hierarchical structure. This promoted an inclusive and empowering service which supported staff practice and engagement of people who use the service.

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

- We saw that the provider acted within the requirements of the duty of candour. A relative told us, "They're open and honest and will quickly flag up any problems."

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

- The registered manager demonstrated a good knowledge of their role including their regulatory responsibilities. They notified the CQC of relevant incidents that occurred at the service.
- The registered manager was supported in their role by the provider who was experienced in community social care provision.
- Staff we spoke with all demonstrated a clear understanding of their role and what was expected of them. They were supported by the provider to meet the expectations of their role.
- The provider had systems in place for regular audits which supported their understanding of the quality of care they provided. We saw evidence they used this to improve the service.

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

- People, their relatives and staff were treated as partners to care provided. Their views and feedback were regularly sought and considered. The provider acted on their feedback. This was used to improve care quality and people's outcomes.

- People were treated according to the requirements of the Equality Act.

Working in partnership with others

- The service worked collaboratively with other professionals such as social workers and health professionals to ensure the care people received consistently met people's needs.