

Sw Domiciliary Care Ltd

# SW Domiciliary Care

## Inspection report

Cleeve Hill  
Cheltenham  
Gloucestershire  
GL52 3PW

Tel: 01242672022

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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

SW Domiciliary Care provides domiciliary care services to 26 people who require care and support in their own homes.

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 and their relatives were positive about the caring nature and approach of staff. They told us they felt safe when staff visited and were confident that any concerns would be dealt with promptly.

Infection prevention procedures had been established within the service. The manager ensured staff had sufficient equipment during the COVID-19 pandemic. The service had employed appropriate numbers of staff to deliver care and support that people required.

Staff were well trained and had the skills to meet people's needs. People and their relatives told us they were treated with kindness and respect.

People and relatives experienced SW Domiciliary Care as a friendly, professional service and told us the management team had a positive impact on care. Staff stated they worked well together and found the new manager was supportive and caring.

This is the first inspection for this newly registered service since April 2019. Each key question has been rated Good and the service is rated Good overall.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# SW Domiciliary 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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission however; the manager was in the process of being registered with CQC. 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

This inspection was announced. 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 20 January 2021 and ended on 26 January 2021. We visited the office location on 20 January 2021. We made phone calls to people and staff on 25 and 26 January 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the nominated individual, manager, care co-ordinator and three care staff.

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

# 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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Information was made available to people, relatives and staff about safeguarding and reporting concerns to appropriate agencies. Staff had training in Safeguarding to ensure they were knowledgeable and to further enhance their skills to protect people.
- Policies and procedures with regard to Safeguarding were available to everyone who used the service. The manager recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service. Where risks had been identified, care plans provided staff with guidance on how to minimise risks. People were assessed as being low, medium or high in areas such as; Mobility, falls, moving and handling and medication.
- For people who required support with moving and handling, their risk assessments and care plans contained guidance for staff on how to support them safely.
- Environmental risk assessments had been completed to ensure the safety of people receiving care and staff who supported them.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People and their relatives told us they received their care calls as agreed and in a timely manner. One relative said, "They are respectful and responsive. It's a promising start and I have no concerns". The service did not use or employ any agency staff at the time of our inspection.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on previous employment as well as identity checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks ensure safer recruitment and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- People, relatives and staff told us medication was managed safely. One staff member told us, "I've had all of the training and know what to do". Most people using the service took their medication independently and did not require support. Where people did require support, record's contained clear guidance on which medication they received and how they wished to take it.

Preventing and controlling infection

- People we spoke with told us staff wore the correct personal protective equipment (PPE) during their visits. Staff confirmed they had access to all of the PPE they required and had received infection control training.
- The service had implemented a number of additional infection control measures in response to the coronavirus pandemic to ensure people and staff remained safe.
- The registered manager had updated the COVID -19 risk assessment and policy. They had agreed to review COVID -19 staff risk assessments for staff to ensure risks in relation to the coronavirus were identified and being managed.

#### Learning lessons when things go wrong

- Systems were in place to report and record any accidents, incidents and near misses. The manager reviewed records every month and actions were taken to reduce the risk of repeat incidents. Any changes required to care planning documents were implemented and communicated with staff

# 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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of relatives and where necessary based on assessed needs from healthcare professionals.
- People's care plans contained universally recognised tools to assess people's needs, including their mobility. The service used systems which identified the deterioration in people's needs and the use of specific equipment. This ensured staff delivered and followed recognised and approved national guidance.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed that they had the relevant induction, skills and competencies to support people effectively. Staff spoke positively about the training they had received. Staff had opportunities for professional development, including completing qualifications in health and social care. One staff member said, "I completed my three-month induction a week ago, it was good, and I feel I have the skills and time to do my job".
- Staff completed the Care Certificate during their induction. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.
- Staff had received regular one to one supervisions and an appraisal with a line manager. All staff we spoke to told us they felt fully supported by the management team. Staff told us there was always someone to speak with if needed and felt listened to.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with GP's and healthcare professionals to meet people's needs and respond to any changes. Staff made referrals to healthcare professionals if required and supported people to attend appointments if required.
- People's care plans gave staff guidance in line with healthcare professionals advice. One person had an Occupational Therapist involved in their support and guidance around moving and handling techniques was clearly documented.

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.

#### Care at home services

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. This was clearly documented in people's care records.
- Staff understood their responsibilities with respect to people's choices and how they support people to make day to day decisions. People's legal representatives were involved in care planning and their consent was sought to confirm they agreed with care and support provided.

# 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.

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

- There were many compliments given to the service by people and their relatives. One relative said, "Big Thank you - considerate, kind, encouraging, diplomatic and thorough. Your help was invaluable. Now the bad weather has gone may I thank all the carers for their dedication to the job. Nobody was late despite hazardous road conditions and they remained cheerful at all times".
- Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff with clear guidance.
- Staff and relatives told us they always promoted people's independence and treated people respectfully. One staff member said, "We always have enough time, and we will do extra things if we are asked". One relative said, "I cannot fault them. I'd recommend them to anyone. Nine and a half out of 10. They put the washing machine on if asked which they don't always have to do. They are so good".

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

- People and their relatives confirmed they were fully involved in decisions about their care and support needs. One relative told us, "They ask questions and involve us".
- Daily notes we looked at showed people were able to express their views and were asked questions by staff who visited. The manager told us they checked daily notes every month to ensure staff were completing personal care and tasks as per each person's care plan. One person had asked for a hot drink as staff were leaving. The daily notes showed this was completed and documented as per the person's wish.

Respecting and promoting people's privacy, dignity and independence

- People's care plans gave staff guidance on how people liked their care and support to be delivered. This promoted people's privacy and dignity. One person's care plan stated they required staff support with transferring from their bed to a chair. The care plan gave detailed information on how the person liked this to be done and ensured they were being kept as independent as possible by being able get dressed independently. One person said, "They treat me very kindly and are lovely. No issues".

# 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.

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

- Each person had a detailed care and support plan to record and review their care and support needs. Each care plan covered areas such as; How to communicate, medical diagnosis, allergies, medication, moving and handling, cultural and religious preferences, nutrition and personal care. People's preferred routines were documented to show how people liked things to be done. Care plans were reviewed regularly and updated as required.
- People and relatives told us staff were punctual and always stayed for the required amount of time. No-one we spoke to had missed visits and the service was pro-active with informing people if the staff were going to be late. One person said, "They are very rarely late and if they are going to be, they ring to tell me".

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.

- Information was provided to people in a format which was appropriate to them. People's care needs in regard to eyesight or hearing was clearly documented within their care plans.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of who to speak to and how to raise a concern if they needed to. No-one we spoke with had concerns. People and their relatives felt that the management team and staff would listen to them if they raised anything and that issues would be addressed. One relative said, "The contact and communication is good. All requests have been addressed so far".

End of life care and support

- No one using the service was on end of life care at the time of our inspection however the manager told us People were supported at the end of their life to have a dignified and pain free death. All staff had received training in end of life care.
- Advanced care planning took place so people, their representatives, relatives, staff and GPs collectively understood the person's end of life wishes and this was documented in people's care and support plans.

# 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.

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 relatives, we spoke to were positive about the manager and management team. They told us they were easy to contact and took prompt action to address any concerns.
- All of the staff we spoke with told us they felt valued and they received good levels of support from the management team.
- The manager was clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements. The manager understood their responsibilities to notify CQC and other authorities of certain events.

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

- A new manager had joined in April 2020 and had been a senior care leader and was in the process of applying to register with CQC. We had positive feedback about the manager from everyone we spoke with.
- The management team had over-arching quality assurance systems in place. The manager told us, "We are always looking to improve and provide a positive service". Regular audits of care plans, medicines and people's daily files were completed, and records reviewed and updated where appropriate.
- Staff told us they worked well together, and managers kept them updated with new COVID-19 guidance. One staff member said, "It's well run, no issues, we have plenty of training and PPE and all the information is available".

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

- Staff and relatives told us they felt involved and were kept up to date. One relative said, "I have no concerns at all, it is a great service and we are fully involved".

Continuous learning and improving care

- The manager told us they had staff meetings to discuss work practices, development and well-being, this had been changed to virtual meetings or telephone conversations during the pandemic.
- Staff we spoke with told us they enjoyed their job roles, felt supported and had the time and skills to be able to do their job effectively and safely.

Working in partnership with others

- The management team and staff worked closely with health and social care agencies to share good practice and enhance care delivery.