

Snowball Care UK Ltd

Snowball Care UK Ltd

Inspection report

Langdale House
11 Marshalsea Road, Unit 316
London
SE1 1EN

Tel: 02031766400
Website: www.snowballcareuk.co.uk

Date of inspection visit:
13 March 2023
30 March 2023
14 April 2023

Date of publication:
23 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Snowball Care UK Ltd is a domiciliary care agency providing personal care to people living in their own homes. The service supports people over 65 years old, people with a learning disability and autistic people. At the time of our inspection there were 95 people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: Staff supported people to make care and support decisions that met their individual needs and abilities. Staff knew people well and understood how to meet their individual needs. Care records were written so people could understand their support and helped them to make informed choices about the care 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.

Right Care: People received good quality care and support. Staff were kind and respected people's choice. Staff provided care and support, so people's privacy and dignity were maintained. Staff understood abuse and safeguarding and how to protect people from the risk of harm. Staff were trained and skilled to meet people's individual care and support needs.

Right Culture: People received good quality care staff who understood their needs. People, relatives and people who were important were involved in the assessment and reviews of care and support. The registered manager monitored the quality of care to ensure the service was of a good standard. Lessons were learnt from previous incidents and action had been taken to improve the quality of the service.

For more details, please see the report which is on the CQC website at www.cqc.org.uk

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this was inspected but not rated, (published, 1 June 2022). The previous focused inspection was requires improvement (published, 11 May 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. Please see the Safe, Effective and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Snowball Care UK Ltd 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Snowball Care UK Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector, and 2 Experts 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.

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 30 March 2023 and ended on 10 April 2023. We visited the location's service on 30 March 2023.

What we did before the inspection

We reviewed information we had received about the service since their last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager/nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We also spoke with 10 people and 11 relatives. We sent questionnaires to staff and we received 11 responses. We looked at 6 people's care records. We reviewed variety of records relating to the management of the service, including medicines administration records, policies, and quality of the service.

Is the service safe?

Our findings

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

At our last inspection we did not rate this key question. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had an assessment to identify risks to their health and well-being. Staff used information from people's risk assessments to complete a risk management plan which detailed the support people needed to remain safe and help to reduce any risks.
- Staff monitored risks to people to ensure care and support was safe and met their needs. There were systems in place to regularly review risk management plans. Reviews captured any new risks, and those plans were updated to provide relevant guidance to staff.
- People shared with us they felt safe receiving care and support from care staff. Comments we receive included, "Everything is fine. I am very pleased with them. No problems or qualms. I have had the same carers for the last two years" and "They are brilliant, no complaints at all."

Staffing and recruitment

- The provider had systems in place to ensure that suitable staff were employed to provide care and support to people.
- Pre-employment checks were completed to ensure newly employed staff were safe and had sufficient experience to provide good care. Checks included previous care experience, right to work in the UK, suitability to work with people and a Disclosure and Barring Service check. A Disclosure and Barring Service check was carried out on each member of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People had access to sufficient members of staff to support them to meet their care and support needs. People told us, "They are very friendly. Always two carers. They are not late arriving, arrive around the same time." and "The same person comes during the week at night, and they tell you if somebody else is coming."

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibilities to protect people from the risk of harm and abuse. There were systems in place to record, act and monitor allegations of abuse.
- Staff training in safeguarding provided them with a good understanding of how to identify different types of abuse and how to report any concerns promptly.
- People told us they felt safe receiving care and support from staff. One person said if they had any concerns, they felt able to report these to the manager of the service.

Using medicines safely

- The provider had clear systems to monitor and implement a medicines management system. Relatives

said, ""The carers give him his medication, but I have got a spreadsheet that tells them what to give him and when" and "The carers collect [medicines] from the pharmacy and bring it to [my relative]."

- The registered manager had a system in place to check staff had completed medicines training and were safe. Senior staff completed home visits with people to observe care staff while administering medicines. This ensured staff were safe and competent to support people with their medicines. Staff told us, "We prompt medication from a blister pack. We are not allowed to administer medication from an original pack" and "Yes, I still administer medication and have received training to administer medication."
- People had medicines administration records in place when they needed staff support with this. Medicines records were regularly audited, accurate, signed and completed to demonstrate staff had administered medicines as required. No unexplained gaps were found in people's medicine administration records (MAR) charts.

Learning lessons when things go wrong

- There was a process in place for recording any accidents and incidents that occurred at the service. Senior staff were responsible for the investigation into any events and take action as required.
- There were systems in place for the review and regular monitoring of the service. Staff understood their responsibilities to report concerns in a timely way. One member of staff commented, "We learn from the mistakes, and we do everything to improve our work."
- Staff knew how to report and record any concerns or issues related to people's needs or changing health conditions. The management team were responsive to any concerns raised and communicated with staff with a solution to those concerns.

Preventing and controlling infection

- The provider had an infection prevention and control policy to safely manage and reduce the risk of infection.
- The provider had sufficient supplies of personal protective equipment (PPE) and staff confirmed they had access and was available for their use.
- Staff understood their responsibility to protect people from the risk of infection. They were trained in infection prevention and control, and they applied their training to reduce risks when providing care and support to people.

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

At our last inspection we did not rate this key question. At this inspection the rating has changed to 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 had an assessment of their needs before receiving care and support to ensure service was suitable for them.
- Staff completed care and support plans for people that met their individual needs and in the way they wanted. People's contributions to their assessments were vital which helped them to make decisions about receiving care and support.
- People's support plans were personalised and also included their relatives input where this was necessary. Support plans contained information in a format that they could understand. This meant that people were aware of the support they were going to receive which ensured they receive the right care.

Staff support: induction, training, skills and experience

- The provider had systems in place to support staff and ensure they received appropriate induction for their role.
- People were confident that the staff knew their needs and were skilled and experienced in supporting them. People told us, "Really competent and well trained" and "Yes, they are [well trained]." The provider's induction incorporated the Care Certificate to ensure staff were skilled and knowledgeable to care for people safely. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had a training programme in place to support staff. Staff completed training in medicines management, infection control and safeguarding. The provider had an independent trainer deliver the training programme to staff on a regular basis. Each member of staff who completed the training received a certificate and a competency assessment to verify their knowledge.
- The registered manager had support for staff in place to help them carry out their roles in an effective way. Each member of staff had supervision meetings and had an annual appraisal to help them to review their employment and identify new training and learning opportunities.

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

- People received staff support with meeting their nutritional needs if this support was part of their care package.
- Staff understood people's nutritional needs well and they were satisfied with the meals that were provided for them. People commented, "I always get enough to eat, absolutely", and "Yes, she makes a cup of tea. At lunchtime she puts ready meals in the microwave and sandwiches for tea" and "No problems with

cooking and preparing what I want. I ask them. I have water all day and they leave some handy to reach."

- Care records contained information about people's dietary needs which guided staff on how best to support each person with meals that met their specific needs.

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

- People were supported to access services to ensure they maintained good health. Staff supported people to attend healthcare appointments which helped people access appropriate health care support to meet their needs.
- The registered manager worked with health care services to ensure people received the appropriate level of care and support. Referrals were made to health and social care professionals when people's needs changed or deteriorated. Records showed that staff had contacted people's GP's, community nurses and occupational therapist when this was required.
- People also told us the staff responded appropriately and in a timely way when they became unwell. When people required support and access to health care in an emergency, staff understood what actions to take to support the person. Each member of staff we received feedback from, understood they should contact the office staff in the first instance for advice and to stay with the person until the emergency was resolved.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider ensured people's care was delivered in line with their consent. The provider understood the capacity requirements of people using the service had. When people were unable to make decisions for themselves the local authority team were informed.
- Care workers demonstrated a good level of understanding about gaining people's consent before carrying out care and support.

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.

At our last inspection we did not rate this key question. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager carried out checks to ensure the service was of good quality. The provider had systems and audit tools in place to review the service, care records and care visits to ensure assessed care and support was delivered according to each assessment and as expected.
- The provider had a range of policies and procedures which reflected good practice, legislation and guidance. Staff followed this guidance to ensure the service they provided met the quality standards of the service.
- Care staff understood their roles were to ensure people received good care and to keep the management team informed of any changes in people's needs. Staff spoke positively about the registered manager and office staff. They said, "Yes[I] get all the support needed", "I think it's fair and open. I like to work with Snowball Care. I can go to my manager anytime to discuss issues" and "We can call her for advice she give us advice. She is always good."
- The registered manager had shown a commitment to continuous learning and improvement at the service to improve the quality of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager showed staff clear leadership and management of the service. Staff feedback showed there was positive and empowering relationships between the management of the service and staff.
- The management systems regularly reviewed the quality of care with care staff while they were providing care and support to people. Competency assessment and 'spot checks' ensured staff were safe to support people with varying needs.
- The provider was supportive to staff to help them carry out their roles in a safe way. The registered manager told us they provided refresher training for staff and had regular discussions to share any concerns and positive feedback.
- The feedback from people, staff and professionals showed the quality of care was consistent and people had good outcomes of their individual needs.

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

- The provider had developed systems for people to give feedback about the quality of the service. People spoke positively about the care workers that visited them.

- People gave positive feedback about the quality of care they received, and the support met their needs. People said, "I would recommend them on the basis of the quality of care they give me" and "Yes, they seem very organised, everything seems to be up to date. They know what they are doing. Always on time, know what my needs are."

- The registered manager made staff feel well supported. Staff meetings took place with care workers to share information with them about any changes that occurred in the service. Meetings provided an opportunity for staff to contribute and share their ideas and views with their colleagues.

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

- The registered manager demonstrated they understood their responsibilities in relation to duty of candour.

- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.

- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.

- Staff had attended training provided to help them better understand about people's needs and the different types of equipment they used.