

Safe & Sound Homecare Services (Street) Ltd

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Inspection report

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Date of inspection visit:
31 May 2022

Date of publication:
21 June 2022

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

Safe & Sound Homecare Services (Street) is a domiciliary care service, providing personal care to people living in Street, Glastonbury and the surrounding villages.

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. One the day of inspection, 12 people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Comments included, "I know they'll lock me in when they leave and put the key in the safe. I trust them [staff] implicitly." There were enough staff available to meet people's needs. People told us staff always arrived at the scheduled time and always stayed for the specified period. Comments included, "They're always on time, they're very prompt. They've never missed a visit." People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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.

People told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments included, "I'm happy with it all. They're all wonderful and would do anything to help me" and, "They're absolutely fantastic girls [the staff], I can't praise them enough."

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. Comments included, "They always check if there is anything else I need. The other day, I said, no, everything was done, and the carer told me I'd forgotten to put my earrings in. It was good of her to notice that." There was a complaints procedure in place and people knew how to complain if they needed to. No complaints had been received.

Quality assurance processes were in place. Regular audits of all aspects of the service were undertaken. Staff spoke highly of the registered manager. Comments included, "[Registered manager] is lovely, very supportive. She's been very supportive and is always checking in on me."

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 23 March 2021 and this is the first inspection.

Why we inspected

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

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?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Safe & Sound Homecare Services 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 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2022 and ended on 02 June 2022. We visited the location's office on 31 May.

What we did before the inspection

We sought feedback from the local authority and 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 all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one person's relative. We spoke with three members of staff and the registered manager who was also the provider and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from one health professional who works with the service.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

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 of 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

- There were systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I saw any unexplained bruises, I would report it to [registered manager] and fill in an incident form."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would report any concerns to [registered manager], but if she didn't do anything, I would whistle blow. I wouldn't tolerate anything bad."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe.
- One person said, "I feel very safe with the staff." Another person said, "I have to be hoisted and they [staff] know how to use the equipment. I feel very safe when they move me."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- People using the service told us staff were always punctual and had not missed any visits. Comments included, "They [staff] always come on time. They're very good timekeepers." One person's relative said, "They've never missed a visit."
- The service consisted of a small team of staff and this meant people were seen by staff they knew and were familiar with. One person told us, "I always know who's coming. I see the same few girls. I've got used to them and they know what I like."

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent.
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.

Preventing and controlling infection

- Staff had access to enough PPE and had received infection control training.
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.
- Staff adherence to infection control procedures was monitored as part of the staff spot check process they had in place.
- One person said, "They always wear masks, aprons and gloves."

Learning lessons when things go wrong

- Incidents and accidents were logged. Staff reported incidents via the app on their phones. The registered manager said, "When the staff report something, it comes through on email and then it can be dealt with straight away. It's real time reporting so I'm always aware of incidents."
- The reporting system showed that these were fully investigated and resolved.
- Lessons learned from incidents and accidents were shared with the team to prevent recurrence.

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

- People's needs were assessed and regularly reviewed.
- The registered manager told us, "We go out and assess people at home. This then forms a primary assessment which feeds into the care plan. I believe it is important to go and physically meet the customer."
- One person's relative said, "[Registered manager] came and did an assessment before we started with them, and it's all gone very smoothly since then."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and unannounced spot checks of their care practices were carried out. New staff completed training, and shadow shifts before working unsupervised.
- The service supported staff to undertake the care certificate during their induction. 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.
- Staff had regular supervision sessions and said they felt supported in their role. One member of staff said, "I'm on the phone with my colleagues throughout the day. We support each other" and, "[Registered manager] is always on hand if I need her, day or night."

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

- Where required, people were supported to eat and drink well.
- Care plans detailed people's preferred food and drinks and how they liked staff to prepare them.
- One person said, "They make me a cup of tea. I don't like breakfast, so they get me a few biscuits, and bring it through to me in the lounge."

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

- Staff understood their responsibilities to support people to access services as needed. One staff member said, "If someone is feeling unwell when I visit them, I'd do some checks, contact the GP, or call 999 if I really needed to. I'd discuss it with [registered manager] so that they knew."
- One person said, "I've never been ill, but my legs are bad and one weekend [staff name] saw they were red and sore and insisted I call 111 and then the nurse came and sorted them for me. Staff are really good about my legs; they keep an eye on them."

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.

- People had consented to their planned care.
- When people were unable to consent to their care, best interest decisions had been made and these were clearly documented."
- One person said, "They [staff] usually ask me before they do anything for me."

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

- People who used the service and their relatives praised the ways staff interacted. For example, one person said, "They're all just so cheerful. They come in every day and they really buck me up." Another person's relative told us, "The staff chat happily with [name]. I leave them to it, but [name] is always happy when the staff are here."
- The registered manager and staff had formed good relationships with people who used the service and their relatives. One person said, "The manager is called [name]. She was here just the other day to check everything was going ok."
- Care workers spoke about people they supported in a respectful manner and with warmth. One staff member said, "I just love helping people and improving their lives. I have time to sit and have a chat with someone. Sometimes I'm the only person they see all day."
- The registered manager told us staff regularly went above and beyond for the people they supported. They said, "One of the staff walked behind one person with mobility issues with a perching stool so they could go and see the horses. [They] were elated; it was such a massive thing after not seeing them for so long." One staff member said, "I had one person who was housebound and kept saying they were desperate for an ice cream. I happened to be driving past the shop, so I went and bought one. [They] were over the moon. Little things like that can make all the difference."
- One member of staff said, "I like to do extra if I can. It might just be picking something up from the shop that someone needs, but I can see how much people appreciate it."
- Staff had undertaken training around equality and diversity to help inform their practice.

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

- People and, where appropriate, their relatives or representatives were included in discussions about their care.
- One person said, "I think they [staff] know me well. They're very good at just getting on with things, they don't need me to ask them because they know me so well and know what I like."

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. One person said, "They [staff] very much respect that this is my home, and they also respect my dignity whenever they help me with washing and dressing."
- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this such as, "I always knock the door before going in, and ask permission before doing anything. I make sure to give people privacy when they're using the loo."
- Staff encouraged people to be as independent as possible. One person said, "I can shower myself now,

but they're in the house, just in case I need them."

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

- The registered manager told us people's care plans were being updated and this was a work in progress. The plans that had not been reviewed lacked some detail around people's preferences and choices and some health specific support needs. However, from conversation, staff were able to demonstrate a good knowledge of people and their needs. After the inspection, the registered manager informed us that staff had been given more guidance on writing person centred plans.
- We looked at some of the plans that had been reviewed and there was detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan, there was information on the type of cup they preferred to use and how they liked their bed made in the morning.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.
- Staff said the system enabled them to see all information they needed. One staff member said, "I know what to do on each visit, because I read the care plan before I go to see someone for the first time. All the information I need is in there."
- Staff said they were allocated enough time to meet people's needs during visits. One member of staff said, "If someone needs more time, we can tell the office and they will arrange for a longer visit."
- People and their relatives told us staff always stayed for the agreed length of visit. One person's relative said, "Once I had to take my [relative] to an early appointment and I called [registered manager] and she moved the morning visit to an earlier time so that we had time to get to the appointment. They are very flexible."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received.
- People and their relatives told us they knew how to complain but had no reason to. One person said, "I've never needed to make a complaint, but if I did, I would speak to [registered manager]. I know she would listen and make it right."
- The registered manager told us they regularly attended visits in order to maintain the quality of the service. They said, "I enjoy doing care visits and I can keep an eye on what's going on, I can meet the customers and get the feedback face to face. I can sit and have a sensible conversation with people. We aim to please people as much as we can."
- The service had received many compliments. Examples of these included, "Thank you for all you did to make [name] comfortable. You are true safe and sound angels and we will always be very grateful" and, "Thank you for taking the letter to the surgery for [name], it was really kind of you and they really appreciated your help. Also thank you for all the other ways you are helping [name] with. You cheer [name] up and you are doing a great job."

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care. The registered manager said this was something they could provide if needed. Records showed staff had been provided with end of life training.

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

- The provider had a passion and commitment to providing a person-centred responsive service. They told us, "We want to provide the best possible care for people." ● Staff we spoke with shared this commitment and had been asked to help decide the values of the service. The registered manager said, "Our values are to provide a caring, compassionate and respectful service. We got the carers to help us choose our values, and these were the words they chose. We talk about them in our probation plan with new staff and ask about them in appraisals."
- We found there was an open culture within the service. The provider and staff were open and honest with us throughout the inspection.
- People were supported in a sensitive and kind manner. Feedback from people and their relatives was positive about the service, the staff and the registered manager. They told us, "They're so kind. They come in and they're always happy and have a chat with me. They're so friendly and professional too. I've become very fond of them" and, "I would say they [staff] are all kind and caring, and my [relative] has really taken to them. I have no queries or doubts about the service. Long may it continue."
- One person said, "It has made a huge difference to me having them come in. Without them, I wouldn't be able to stay here, and I definitely don't want to go into a care home."
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed. One staff member said, "[Registered manager] is the best boss I've ever had, such a nice lady. The company is fabulous, and I work with the best team."

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 understood their responsibilities regarding duty of candour. They acted in line with the legal requirements to be open and transparent.

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

- There were systems in place for monitoring and managing service quality. This included a range of regular audits, spot checks, care call monitoring, care reviews and supervisions.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through reviews and monitoring.

- There were clear systems and processes in place for learning from any concerns raised by people and their relatives
- The registered manager understood their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.
- Staff understood their responsibilities, they were provided with job descriptions and received regular feedback.
- On-call arrangements were in place to ensure staff and people who use the service had access to advice or support in an emergency.

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

- Feedback was regularly sought from people using the service. Surveys had been analysed and improvements made to the service when needed. For example, some people had fed back that they were not always informed when staff were running late, and the service now endeavoured to keep people informed if staff were going to be more than 30 minutes late.
- Staff surveys had been completed and reviewed. Surveys we looked at showed positive feedback from staff.
- Staff meetings took place. We saw minutes of the most recent meeting. Staff told us they felt confident to speak up during these meetings.

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority and health professionals.