

SNE Care Services Ltd

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Inspection report

Unit 10, Stephenson Court
Skippers Lane Industrial Estate
Middlesbrough
TS6 6UT

Tel: 01642438878
Website: www.sne-care.co.uk

Date of inspection visit:

06 November 2018

07 November 2018

13 November 2018

14 November 2018

15 November 2018

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26 November 2018

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

This inspection took place on 6, 7, 13, 14 and 15 November 2018 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The service was last inspected in June 2016. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using SNE Care Services Ltd receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 70 people were receiving personal care from the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner and registered provider of the service. In this report they will be referred to as the registered manager.

Risks to people were assessed and plans put in place to address them. Plans were in place to support people in emergency situations. People were safeguarded from abuse. Medicines were managed safely. The provider had effective infection control policies and procedures in place. The registered manager monitored staffing levels to ensure there were enough staff employed to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

An assessment of people's health and social needs was carried out before they started using the service to ensure the correct support was available to them. Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with managing food and nutrition and to access external professionals to monitor and promote their health.

People spoke very positively about the support they received from staff. Relatives also said staff provided kind and caring support. People and their relatives told us staff treated people with dignity and respect. The service had received written compliments about the quality of the care it provided. People were supported to access advocacy services where needed.

People received person-centred care. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody using the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

Staff spoke positively about the culture and values of the service, and the leadership provided by the registered manager. People and their relatives also spoke positively about the registered manager and the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. The registered manager carried out quality assurance checks to monitor and improve standards at the service. Feedback was regularly sought from people, relatives and staff. The service had links with various community and healthcare agencies to help ensure people received the care and support they needed

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

SNE Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 7, 13, 14 and 15 November and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

Inspection site visit activity started on 6 November 2018 and ended on 15 November 2018. It included telephone calls to people and their relatives. We visited the office location on 6 November 2018 to see the registered manager and office staff, and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by SNE Care Services Ltd.

We spoke with five people who used the service and five relatives of people using the service. We looked at five care plans, five medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager, two care co-ordinators and three care staff. We looked

at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

People told us staff from the service kept them safe. One person said, "I feel safe and happy with them." A relative we spoke with said, "He's definitely safe with them."

Risks to people were assessed and plans put in place to address them. These covered areas including moving and handling, pressure damage and medicines. The provider was not responsible for people's accommodation, but staff carried out visual checks of people's environment to see if any recommendations could be made to improve their safety. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.

Plans were in place to support people in emergency situations. People's care records contained details of their emergency contacts. The provider had a contingency plan in place to help staff provide a continuity of care in situations that disrupted the service.

People were safeguarded from abuse. The provider had a safeguarding policy setting out how concerns could be reported, and staff received safeguarding training. Records showed that when issues had been raised they were investigated in line with the provider's policy. Staff told us they would not hesitate to report any concerns they had. One member of staff said, "I'd raise a safeguarding myself."

Medicines were managed safely. Staff were trained to handle medicines and the provider had a medicines policy in place to provide guidance. People's medicine support needs were assessed and recorded, and medicine administration records (MARs) used to record administration. MARs we reviewed had been completed without gaps or errors. One person told us, "They look after my medicines. They do it all correctly every day." A relative we spoke with said, "They give her the medicines, and there are no issues."

The provider had effective infection control policies and procedures in place. Guidance was available to staff on safe practices, and personal protective equipment (PPE) made easily available.

The registered manager monitored staffing levels to ensure there were enough staff employed to support people safely. Staffing levels were based on the assessed level of support people needed. People and their relatives told us they were supported by a stable staffing team, who almost always arrived on time. One person told us, "We get the same faces coming." A relative we spoke with said, "Mostly they're on time. They always ring me if they're running late to explain and get here as soon as possible. It's nearly always the same staff." Another relative said, "Invariably here at the right time, and it's the same staff."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants were required to provide an employment history. Written references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Is the service effective?

Our findings

An assessment of people's health and social needs was carried out before they started using the service to ensure the correct support was available to them. These assessments included, information from other professionals working with the person and reflected current best practice. People and their relatives said staff provided the support people wanted and needed.

Staff completed a wide range of mandatory training to ensure they had the skills to support people effectively. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in equality and diversity, first aid and health and safety. Training was regularly refreshed to ensure it reflected current best practice. New staff undertook training based on the Care Certificate. The Care Certificate is a nationally agreed and recognised set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about the training they received. One member of staff said, "The training is good, good to have refreshers. It keeps you up to date". A relative we spoke with said, "They're all skilled."

Newly recruited staff completed the provider's induction programme before they could support people without supervision. This included learning about the provider's policies and procedures and working alongside more experienced members of staff. The registered manager said, "We also do an analysis within that period of time, to get to know the staff member. We get them to sign the induction checklist to help us get a sense of when they're comfortable going out. The benefit is that if they say they need support in an area we can match them to someone – a senior – who is confident in that. We want to find out how they are finding working here so we can address issues."

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to knowledge and skills as well as any issues staff wished to raise. One member of staff told us, "We get regular supervisions and appraisals. They let us know how we're getting on. That helps me. I've learned a lot with SNE."

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. We checked whether the service was working within the principles of the MCA. Care records contained information on people's capacity to make decisions. People's consent to their care had been obtained and was clearly recorded.

Some people received support with managing food and nutrition. Where this was the case people's support needs and preferences were recorded in their care plans, including information on any specialist diets they required.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of working with occupational therapists, physiotherapists and speech and language therapists (SALT). One relative told us, "They get doctors and nurses when we need them."

Is the service caring?

Our findings

People spoke very positively about the support they received from staff. Comments included, "The company is so different to all the others we've had. Staff are so happy, so gentle. They really take care. It's very important that they're gentle, and they all are" and "Very good, excellent."

Relatives also said staff provided kind and caring support. Comments included, "So caring, so gentle. We love them all", "All nice staff. Never had a bad one" and, "They're good. All good staff, without exception."

People and their relatives told us staff treated people with dignity and respect, which helped to promote their sense of confidence and wellbeing. Comments included, "I need help going to the toilet and you need to feel comfortable with the person helping you. I do feel comfortable with them. It's all about the staff with them. They're the best I've ever had", "No matter how long you've been getting care for you never really get used to it, but they really make you feel comfortable" and, "I'm comfortable with them. They're always very respectful. They always speak about what they're doing, and they always smile." A relative we spoke with said, "They're always respectful when they come."

Staff promoted people's independence and encouraged them to do as much as safely possible for themselves. One person was supported to manage most of their medicines themselves, with staff assisting with some where requested. A relative told us how staff prepared a cloth for a person so they could wash themselves, rather than taking over this task for them.

The service had received many written compliments about the quality of the care it provided. One relative wrote, 'Am very pleased with your service. Your staff are very caring and reliable. I would recommend SNE services to anyone without any hesitation.'

At the time of our inspection nobody at the service was supported by an advocate, but policies and procedures were in place to support this where needed. Advocates help to ensure that people's views and preferences are heard.

Is the service responsive?

Our findings

People received personalised support based on their assessed needs and preferences. One person told us, "They know what to do and how to do it."

Detailed assessments of people's support needs and preferences took place, which were used to create person-centred care plans. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Plans covered areas including personal care, mobility and medicine support and set out what people would like to do for themselves and what they needed support with. Plans were regularly reviewed to ensure they reflected people's current needs and preferences. One person told us, "We get a review every few months, and they always make sure the care plan is up to date."

Care plans also contained information on people's life history, relationships and events of importance and likes and dislikes. This helped staff to get to know people better and have meaningful interactions with them when providing support. One member of staff told us, "We have time to chat with people and build up a relationship with them."

People and their relatives said they were involved in designing and reviewing the support they received. One person told us, "We feel we can ask for changes and things do get changed." A relative we spoke with said, "We did the plan and can always ask for changes."

People's communication support needs were assessed and supported in line with the principles of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, one person's care plan had guidance to staff on how one person who could not always communicate verbally could be supported to express their views.

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy setting out how issues could be raised and would be investigated. People and their relatives told us they were aware of the complaints process and would be confident to use it. One person said, "Everything is alright. I've no trouble with them but would contact them if so. We get everything we need." A relative told us, "I know how to complain, but very rarely have any problems."

At the time of our inspection nobody using the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

Is the service well-led?

Our findings

The service had a registered manager, who had been in post since 2015. Staff spoke positively about the culture and values of the service, and the leadership provided by the registered manager. One member of staff said, "The best company I've worked for. There's good communication all the time. It makes our jobs much easier" and, "[The registered manager] is an easy-going person. You can approach him with any problem and he makes you feel comfortable. Very approachable. He's great."

People and their relatives also spoke positively about the registered manager and the service. One person told us, "If you have to shape up other companies make them like this one." A relative we spoke with said, "[The registered manager] comes out to some calls. He can walk the walk as well as talk it."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager carried out quality assurance checks to monitor and improve standards at the service. This included audits of care plans and medicines records. Records confirmed that remedial action was taken where issues were identified. The registered manager constantly considered how quality assurance processes could be improved, and was in the process of developing new systems to monitor and support staff development. The registered manager said, "We're trying to create the standard for everyone. It's about things like how staff greet client, which can have a big impact on how they feel. We're looking to do at least one, quarterly. If someone was making lots of mistakes we'd do them monthly to address it. We involve the client in them by asking how they want the service provided and what can be done to improve it."

Feedback was regularly sought from people, relatives and staff. This was done using feedback questionnaires and at staff meetings. Records showed that where issues were raised, action was taken to address them. People, relatives and staff said they felt their feedback was valued and acted on. One relative said, "They always listen when you give feedback." A member of staff we spoke with said, "[The registered manager] is always looking to improve. We have regular meetings, and he's always asking for suggestions."

The service had links with a number of community and healthcare agencies to help ensure people received the care and support they needed. This included accessing training arranged by local authorities and attending forums for care agencies to learn about the latest best practice.