

Skies Home Care Ltd

# Skies Home Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Skies Home Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people living with dementia and younger adults. At the time of our inspection there were seven 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.

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

People told us they felt safe. There were safeguarding adults procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. There were appropriate recruitment checks before staff started work and there were enough staff available to meet people's care needs. Where required people received safe support from staff to take their medicines.

The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID-19 and the use of personal protective equipment (PPE). The service had business continuity and COVID-19 contingency plans in place that made provisions for safe care in the event of an emergency, or an outbreak of COVID-19.

The provider carried out an assessments of people's care needs before they started using the service to ensure staff could support them safely. Staff had received training and support relevant to people's needs. Where required, people received support to maintain a balanced diet. 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 and their relatives told us they were treated in a caring and respectful manner and they had been consulted about their care and support needs. No complaints were made to the service but people we spoke with knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to regularly assess and monitor the quality of the service people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account through satisfaction surveys and their feedback was used to improve the service. The registered manager and care staff worked with health care professionals to plan and deliver an effective service.

### Why we inspected

This service was registered with us on 10 November 2019 and this is the first inspection of Skies Home Care

Ltd.

#### Follow up

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

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

## 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.

# Skies Home Care 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2021 and ended on 29 April 2021. We visited the office location on 28 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the registered manager, office manager, senior care worker and care workers. We reviewed a range of records which included risk assessments and care records for three people who used the service. We also reviewed three staff files in relation to recruitment, accident and incident records, contingency plans and monitoring records.

#### After the inspection

We spoke with one person who received care and support from Skies Homecare Ltd about their experience and two family members. We received feedback from three professionals whom the service regularly engages with. We continued to seek clarification from the provider to validate evidence found

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One person told us, "I feel very safe in their [care workers] hands; their boss is very on top of everyone doing things properly." A family member said, "I have no doubt that my [relative] is safe; I have been around to their home and have seen the way [the carers] care for and treat [relative]. They would be able to tell me if things were not right."
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would make a referral to the local authority safeguarding team. One staff member told us "It's about making sure I look for things that could be a safeguarding and report anything to the manager; if anything is wrong, I can make sure I'll pick it up quick."
- Another said, "The people really trust us, and we have worked hard for that trust so they could tell us if something was wrong. I would call the office as soon as possible and then complete an official report."
- There were no safeguarding concerns since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people specific to their healthcare needs, moving and handling and medicines. For example, one risk assessment identified how best to manage a person's skin condition and another identified ways in which to encourage a person to take their prescribed medicines.
- Risk assessments were carried out in people's homes relating to health and safety and the home environment to protect people and staff who provided care. This was particularly relevant where oxygen was in use.
- A care worker told us, "We do them all the time really, we always look out for a risk, if we identify one, we make the person safe and the registered manager will then add a risk assessment."

Staffing and recruitment

- There were enough staff available to meet people's care and support needs. A person using the service told us, "Skies have been doing an absolutely brilliant job; I think they have plenty of staff to do the job."
- The registered manager used a computer system to allocate staff to support people. This system was monitored daily by office staff to ensure people received their support on time and alerted office staff if there was a late call.
- The registered manager told us there had been no missed calls and staff were rarely ever late. One person told us, "My carers are rarely late and if they are, then they telephone me."

- A member of staff said, "We are never short staffed. We work as a team in this company and we cover each other if someone called in sick; we work very well together."
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

#### Using medicines safely

- Where required, people received support from staff to take their medicines safely. A family member told us, "The carers just 'get' my relative and know all about their medicines." Some people looked after their own medicines and others required support from staff to take them.
- When people required support to take their medicines this was recorded in their care plans. Staff also completed medicines administration records (MAR) to confirm people received support as required. Those records were completed in full.
- The registered manager audited the MAR on a weekly and monthly basis to make sure people were receiving their medicines as prescribed.
- Training records confirmed staff had received training in safe administration of medicines and their competence had been assessed. This ensured staff had the necessary skills to safely administer medicines.

#### Preventing and controlling infection

- The registered manager took appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date, and we confirmed there was sufficient personal protective equipment (PPE) to meet the needs of the service.
- People who used the service told us that staff wore their PPE effectively and safely and they were abiding by social distancing rules. One person told us, "Oh they always wear their masks and then apron and gloves when they need to help me a bit more."
- Staff had received training on infection prevention and control, as well as enhanced training related to COVID-19. A staff member said, "I follow all the guidance we get. We are trained to use the safest way to take the PPE off and put it in a proper sealed bag, then we dispose of it properly." The provider was also accessing regular COVID-19 testing for staff.

#### Learning lessons when things go wrong

- The registered manager had a system in place for recording accidents and incidents and told us there were no incidents recorded since the service was registered. However, they described the process they would follow in the event of an accident or incident occurring, including how they would share lessons learned with care staff.
- Staff understood the importance of reporting and recording accidents and incidents. They said the registered manager told them, "A mistake should be seen as a chance to make things better next time."



# 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

- The registered manager carried out assessments of people's care needs to consider if the service could support them safely. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- People, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A person using the service told us, "I know that my carers have been well trained – they are good quality staff." The training included for example, safeguarding adults, medicines administration, health and safety, moving and handling and basic life support amongst others.
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- New staff shadowed (observed) experienced staff on their first care visits, so they got to understand the needs of people they supported. The registered manager said, "Shadowing is an integral part of Skies Homecare approach to good care. There is no minimum time set for how long a member of staff shadows; it is once they feel comfortable with their job."
- Staff were encouraged and supported to complete the relevant training and records confirmed this. A member of staff told us, "We are encouraged to do training and to think about what else we would like to do." Another said, "Very confident about progression."
- Staff told us they received regular supervision and annual appraisals of their work performance from the registered manager. One said, "We have it (supervision) regularly. You don't have to wait for the next one - you can always arrange a meeting with the manager sooner if you have a problem or concern."

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

- People received support to maintain a balanced diet where required. A person using the service told us, "I try to prepare my meals as much as I can. If I can't, I just have to ask [carer]."
- Staff told us they completed food and fluid charts in accordance with the person's care plan. Care plans included detailed food and fluid charts, as well as prompts, advice and guidance for staff.

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

- People received support to maintain good health. People we spoke with said they knew carers would summon help if they needed and would help to refer them to health care professionals. A member of staff told us, "If the person I was supporting wasn't well I would let the office know and call for an ambulance." Another said, "I would respond to any changes, no matter how small, as they fast become a big problem."
- Staff worked in partnership with health care professionals. For example, they regularly attended multi-disciplinary meetings with the local community team and mental health services in order to plan and deliver an effective service for the people they cared for.
- Where people were unable to reorder their own medicines, a member of the office staff did this on their behalf, in consultation with the GP. They said, "Not everyone can keep on top of what they need to do [repeat prescription], so I just offer to help them; the GP is happy for me to do this too."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager told us some people they supported required assistance to make decisions about their own care and treatment. Where people lacked capacity to make specific decisions, staff worked with the person and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Staff told us, "It is very important not to assume someone lacks capacity." They were aware of the provider's MCA policy and told us they liked how it stated that, "A good capacity assessment is a conversation and must not be rushed."

# 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 told us they were well treated and felt supported. A person told us, "Staff are very kind to me, they will always do a little bit extra for me if they have the time." A family member told us, "I have observed the carers at work, and they are so patient and kind with [relative]. They are the best by far I have seen."
- Staff were approachable and caring. A member of staff told us, "It's so important to always be there for people. I've told them they can call me anytime they want to talk." A healthcare professional confirmed this, "My brief contact [with Skies Homecare staff] found them to be thoughtful, respectful and keen to work closely with us with regard to [person]."
- People's care records included sections that referred to their cultural and religious backgrounds. Training records confirmed that all staff had received training on equality and diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives had been consulted about the care and support they received. One person told us, "They [care workers] are always asking me my opinion on what they are doing" and "I had full say in what support I needed."
- A member of staff told us, "We must always give people the dignity and respect to make decisions and never make decisions for them, unless the official processes have been taken [capacity assessment]." Another said, "The most important part of this job is to listen to people and help them decide what they want."
- People and relatives described staff as knowing when to close a door, give privacy and how to promote independence. One person told us, "They fuss much more about that sort of thing [privacy] than I do."
- Staff told us they asked people for their permission before entering their homes. They also said they supported people to manage as many aspects of their own care as possible so that they could maintain as much independence as possible.

# 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

- People's care records and daily notes from staff included a high level of person-centred detail. The registered manager did an initial pre-assessment with new referrals. This noted down people's preferences, likes and dislikes as well as particular behaviours. For example, one person's interests and triggers for distress were clearly documented.
- People and family members said they had contributed to the planning of their care and support in meetings with the registered manager, relevant health professionals or social workers. One person said, "I am always part of meetings to update my care plan. Staff always seem to be on the lookout for how to do things better for and with me."
- People's care was tailored to their individual needs which positively impacted on their health and wellbeing. A health care professional told us that, "Skies Homecare have done a wonderful job supporting [person]. They needed engaged carers who would motivate and support them. Since they took over the care, [person] improved greatly and were discharged."
- Staff we spoke with told us they were very familiar with people's care plans. One said, "We make sure the care plans contain as much person-centred detail as possible. This helps every carer to understand people's personal preferences and follow their wishes."
- People and their representatives were regularly consulted on any changes to their care. A family member told us, "They keep to [relative's] care plan and will always consult me if they think something needs changing. We had a review on Skype three weeks ago – that was really nice."

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.

- People's communication needs were assessed when they started to use the service. The registered manager told us they did not support anyone with specific communication needs at the time of this inspection.
- In the event of people requiring information in a more accessible way, the registered manager told us they would provide information and documentation in large print. They would also access the local authority's language translation and advocacy services, as well as a local charity for people with visual and hearing impairment.
- Staff told us they were mindful of how they communicated with people. One told us, "I repeat back to people what they have said to make sure I completely understood their wishes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us how the COVID-19 pandemic forced most people they supported into social isolation. They told us they encouraged care staff to engage as much as possible with people who could not have family and friends to visit in order to reduce their sense of social isolation. One person who used the service told us, "Staff have been great; they helped me to sort out a birthday party."
- Staff told us they adapted their ways of engaging with some people they also supported with external activities. For example, one told us, "So we've had to think a lot more outside of the box. We've switched a lot of activities around and focussed on different skills they enjoy; for example, letter writing and art etc." Another staff said, "[Person] used to go to the day centre. So now we bake in the house; we always find something entertaining to do together."

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to make a formal complaint but said they had not needed to make a complaint. One person said, "I never have any complaints really; I only have got to ring the manager with a query, and he is here within minutes if it needs sorting out."
- The provider effectively managed any complaints. A family member told us, "The response from the office is brilliant – they were straight onto something I needed to sort out the other day. They are amazing and very supportive to us both." Another said, "Any problems I have that need solving, I get straight through to manager and am always more than happy with their response."
- The provider had a complaints procedure in place and there was a complaints and concerns form available in people's records. Staff demonstrated their understanding of the provider's procedure.

End of life care and support

- The registered manager told us that no one was actively receiving end of life care and support at the time of our inspection. However, they said they would not hesitate to liaise with health and social care professionals to provide people with appropriate care and support when required.
- We saw that people's preferences for end of life care, where they chose to discuss them, were retained in individual care plans for reference.
- Staff had received training on supporting people with care at the end of their lives. One told us, "I hope to give them the best care possible through their last days on earth."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There were robust quality assurance processes in place that ensured continued oversight of people's care and the service. This included regular managerial reviews of staff documentation and training, medicines administration, complaints and incidents.
- People's notes were audited every month and where areas of improvement were highlighted, actions were identified. For example, guidance was shared with staff about improved recording practice, including the importance of contemporaneous recording and making notes more personalised to the person. We saw that some staff were also assigned additional communication and recording training.
- Staff were positive about how the service was run and about the support they received from the registered manager and told us they felt valued as team members. One member of staff told us, "He [registered manager] is all about supporting us to be our best selves and progress in our career." Another said, "[Registered manager] is very supportive, and always there to listen if I ever need to speak to them."
- Staff told us management support was always available to them, including out of hours, when they needed it. The registered manager and the care coordinator covered the on-call system.
- Staff also told us they felt part of a supportive, inclusive, team working culture. They spoke positively about the support they received from the registered manager, senior care worker and office manager. One member of staff commented, "Communication is very good; we all communicate well with each other."
- We viewed the latest team meeting minutes and saw staff had the opportunity to discuss their training needs as well as changes to legislation and good practice. The registered manager told us team meetings were used to dispense information on changes to policies and government guidance. This was particularly relevant during the COVID-19 pandemic.

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

- People, their relatives or representatives had a say in how the service was run. People's views were sought in a variety of ways including regular spot checks of staff's working practises, and an annual quality assurance survey. The most recent survey showed every person was satisfied with the quality of their care.

- One person who used the service told us, "I get rung by the office to make sure I am satisfied with the service." A family member said, "I can get straight through to RM by email; text message or email any time and he responds so quickly. I feel lucky that we have them as the manager."
- The registered manager completed observations of staff's care practice, to help ensure that all staff upheld the provider's values of providing good quality care that changed people's lives in a meaningful way.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour.

#### Continuous learning and improving care

- We saw that people's notes were audited every month and where areas of improvement were highlighted, actions were identified. For example, guidance was shared with staff about improved recording practice, including the importance of contemporaneous recording and making notes more personalised to the person. We saw that some staff were also assigned additional communication and recording training.
- A healthcare professional told us the registered manager and care staff team demonstrated a willingness to learn and improve in whatever way they could to provide good quality care to a person they supported. They said, "They attend every meeting and go away and apply any new guidance agreed in those meetings."

#### Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health professionals, and they told us they welcomed these professional's views on the service delivery.
- A healthcare professional told us, "The registered manager and staff worked so well with my team. They were able to provide thorough reports on the person's diet and activities, escalate concerns and carry out recommendations."