

Safe and Sound Homecare Limited

# Safe and Sound Homecare Limited

## Inspection report

220 Clapgate Lane  
Ipswich  
Suffolk  
IP3 0RH

Tel: 07908397349

Date of inspection visit:  
21 August 2018

Date of publication:  
10 September 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

Safe and Sound Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 21 August 2018 there were 18 people who used the personal care service. We gave the service 24 hours' notice of the inspection to make sure that someone was available to see us, this was because the registered manager also undertook care visits.

This service was registered in September 2017, this was their first inspection.

There was a registered manager in post, who was also a managing director of the organisation. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were systems in place designed to provide people with safe care. There were enough care workers to ensure that all planned visits for people were completed. Care workers were recruited safely. Where people required support with their medicines, this was done in a safe way. There were infection control procedures in place to reduce the risks of cross infection. Risks to people were managed, including risks from abuse and in their daily lives. The service learned from incidents to improve the service.

People received an effective service. People were cared for by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide consistent care.

People received a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place.

People received care and support from a service which was well-led. There were systems in place to assess and monitor the service provided to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

## 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.

There were care workers available to cover planned visits. The recruitment of care workers was robust.

There were systems in place to support people with their medicines, as required.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm. Infection control processes reduced the risks of cross infection.

### Is the service effective?

Good ●

The service was effective.

People were cared for by care workers who were trained and supported to meet their needs.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented.

There was a system in place to manage people's complaints.

**Is the service well-led?**

The service was well-led.

The service assessed and monitored the care and support provided to people. The quality assurance systems supported the registered manager to identify and address shortfalls.

**Good** ●

# Safe and Sound Homecare Limited

## **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 checked 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 announced comprehensive inspection was carried out by one inspector on 21 August 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 21 August 2018 and ended 22 August 2018. On the first day we visited the office location. We spoke with the registered manager and reviewed three people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers. On 22 August 2018 we spoke with four people who used the service, three people's relatives and two care workers on the telephone. We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

## Is the service safe?

### Our findings

People told us that they felt safe with their care workers. One person said, "They always lock the door when they leave."

The service had systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. The registered manager and care workers we spoke with understood their roles and responsibilities relating to safeguarding. The service's guide, statement of purpose and staff handbook clearly identified the policies relating to safeguarding. There had been no safeguarding concerns raised about the service since registration.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own homes. The registered manager told us that care workers were advised to check if people were developing pressure ulcers, and this was included in the electronic care planning system.

The service had systems in place to learn from incidents and reduce the risks of them happening in the future. The registered manager told us how they had managed people's care visits when there had been issues of bad weather which affected travel earlier in the year. A system had been developed to ensure that people received the service they needed during this time, this could be used in the future if similar weather happened.

People told us that their care workers always turned up for their visits and they were told if they were running late. One person said, "Any changes to the rota I am always told beforehand." There was a system in place to support care workers to arrive at care visits at the planned time and stay for the required amount of time. The registered manager told us that there were enough staff to ensure all visits were completed. They said that they continued to actively recruit to ensure that they could support new people in the service. They would not take on any new people until they could be assured that they had the care workers to cover their visits. We reviewed the recruitment records of three care workers. These included checks that prospective care workers were of good character and suitable to work in the service.

People told us that they were satisfied with how their care workers supported them with their medicines. There were systems in place to provide people with the support they required with their medicines safely. People's care records detailed the support they required with their medicines, the medicines prescribed, what they were taken for and any side effects. Care records on the computerised system identified that people received their medicines as directed in their care plans. The electronic system alerted the registered manager if people had not been provided with their medicines. Care workers had received training in medicines administration and their competency was assessed by the management team.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as hand cleanser, disposable gloves and aprons. They were directed to use PPE and how to

reduce risks, such as how to dispose of continence equipment safely. This was included in the spot check observations of care workers to ensure they were demonstrating good infection control processes.

## Is the service effective?

### Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. The registered manager told us that a member of the management team visited people before they started to use the service. They undertook assessments of their care, including the input from the person and their relatives, where required.

People told us that they felt that the care workers had the skills to meet their needs. Records of compliments had been received by the service from people and their relatives. One of these stated, "Your carers are great, they know what they are doing."

The service had systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. Where new care workers had not achieved a recognised qualification in health and social care they would be assessed on the Care Certificate, which is a set of induction standards that care workers should be working to.

Care workers told us that they felt that they were trained to meet people's needs. Records showed that training provided included safeguarding, moving and handling, and medicines. The registered manager told us that they had e-learning training which care workers could access relating to people's diverse needs, such as dementia and the Mental Capacity Act. In addition, the registered manager told us how they were working with an organisation to give care workers guidance and support relating to a person's condition. This had provided care workers with an understanding of the person. A nurse specialist had provided care workers with training in equipment that people may use to assist them to eat and take their medicines. New care workers were provided with an induction which provided them with the training they needed to meet people's needs and shadowing more experienced colleagues.

Records showed that care workers received one to one supervision meetings. These provided the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Annual appraisals had been planned, these were not yet being done because the service had not yet been operating for a year.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. The registered manager told us how they signposted people to other services in the community they could access, for example services to minimise the risks of isolation. The registered manager told us how they supported people to make a smooth transition back home, if they had been cared for in hospital. This included assessing their needs prior to them leaving hospital and ensuring that the appropriate equipment was in place, such as mobility equipment.

The service supported people to maintain a healthy diet, where required. One person told us that they required support from care workers relating to their dietary needs, they said, "They make me a drink and put me a meal in the microwave. Always make sure that I have had my drinks." Records demonstrated that



people were provided with the support they needed in this area.

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 told us that the care workers asked for their consent before providing any care. People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. The registered manager told us that the people using the service currently had capacity to make their own decisions.

## Is the service caring?

### Our findings

People told us that their care workers treated them with kindness and respect. One person said, "The carers are all respectful." Another person described their care workers as, "Very pleasant." One person's relative said, "They treat my [family member] and me really well, they are real people, we are pretty good friends with all of them." Another relative commented, "They are all very sociable, very nice." Records of compliments had been received by the service from people and their relatives. One of these stated, "The carers are great, they are respectful of my home." The registered manager and care workers we spoke with talked about people in a compassionate manner. They clearly knew the people who used the service well.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person said, "[Care worker] helps me in the shower, I never feel uncomfortable." One person's relative told us how the care workers supported their family member with their personal care needs, ensuring their privacy and dignity was respected. Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us how their care worker supported them when they could not do something independently, they said about an area of their care, "It was fiddly and I could not do it, they [care worker] asked if they could give it a try and we managed it together." One person's relative commented, "They encourage [family member] to do things."

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported. One person's relative told us, "They do whatever [family member] wants and the way they want it." The registered manager told us how assessments on people's needs were undertaken, before they started to use the service. This was done with people who used the service and their relatives, where appropriate.

The registered manager told us, that using their previous experience of supporting family carers that they signposted family members to services they could access to gain support. People were provided with a guide about the service provided, this also included contact details of other organisations people could contact for support.

## Is the service responsive?

### Our findings

People said that they were happy with the care and support provided, which met their individual needs. One person said, "I can't fault any of the carers." One person's relative told us, "We find them excellent. If we need to modify anything they are very good." Another person's relative commented, "They are brilliant, come in and [listed personal care their family member required support with], just what is needed. We have no complaints at all." Another relative told us, "My [family member] is more than happy." Records of compliments had been received by the service from people and their relatives. One of these stated, "Your [care workers] are doing such a fab job of looking after [family member]."

The registered manager told us how they tried to provide people with a consistent service with the same care workers supporting them. This was confirmed by records and discussion with people who used the service.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living. Reviews on the care provided was regularly undertaken to ensure people received care that reflected their current needs. The care plans were kept on a secure electronic system, the most up to date plan was also copied and kept in people's homes.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. There was a complaints procedure in place, each person was provided a copy with their care plan documents. There had been no formal complaints received. The registered manager told us that people were regularly contacted to check that they were happy with the service they received.

Where people were at the end of their life the service provided the care and support that they wanted. Care records included people's choices relating to the end of their lives including if they wanted to remain at home and if they wanted to be resuscitated. Care workers were provided with end of life training on the e learning training system, where required. The registered manager told us that they did not currently support people who required end of life care. However, they had previously supported a person, who they made as comfortable as possible. The registered manager was knowledgeable about best practice relating to end of life care and shared examples of how they would make people comfortable. They had contact with a local hospice to support them if this was required. The service had policies and procedures relating to end of life care, which provided care workers with guidance about people's needs.

## Is the service well-led?

### Our findings

People told us that they knew who to contact in the service if they needed to and felt that they were responded to appropriately. One person's relative said, "We know we can call [name of a member of the management team] and they will explain things. They are very helpful and adaptable."

This service was registered in September 2017, this was their first inspection. People started using the service in December 2017. The registered manager was also a managing director of the service. They were supported by a deputy manager who was also a director. Both also completed care visits, which assisted them in the monitoring of the service provided to people. One person told us, "[Registered manager] is wonderful." The registered manager kept their learning updated and had attended a safeguarding course for managers. They were aware of the changes in how people's personal information was stored and had completed an action plan, and privacy statements and policies. They had sourced a professional from another organisation to undertake their one to one supervision meetings and provide mentorship. This ensured that they were not isolated and received support in their role. They had attended workshops on starting a new business.

The registered manager showed us how care visits were planned. The registered manager told us that there had been no missed visits to people. They said that the deputy manager ensured that the rotas were completed to give care workers travel time to enable them to arrive at the planned visited when expected. The electronic care system in place provided information if visits were missed, running late or care tasks had not been completed. This allowed the registered manager to monitor this and take action.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. There were plans for people to complete satisfaction questionnaires to express their views of the service. Where comments from people were received the registered manager said they would address them. People's comments about the service had been gained from reviews, visits, telephone calls and during spot checks.

The registered manager carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. This supported the registered manager to identify shortfalls and address them. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together. One care worker said, "[Colleagues] are lovely and they are a good company to work for."

The registered manager was developing relationships in the community to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care, such as the pharmacy and GP service. They had also developed relationships with the registered managers of other domiciliary care services locally. This allowed them to share good practice ideas.

