

Mrs Stella E Davies

Safe & Sound Homecare Services

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 

Overall summary

The inspection took place on 05 January 2016 and was announced. We gave the service 24 hours' notice of the inspection. This was to ensure that people who used the service were available to meet with us. It was also so that the registered manager and staff could be available. The service was last inspected in July 2014 and met with legal requirements at that time.

Safe & Sound Homecare Services are registered to provide a domiciliary care service to people in their own homes.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 provider had systems in place to minimise risks to people and to keep them safe from abuse. People spoke highly about all of the staff who visited them. They told us staff were always kind and caring towards them. People who used the service told us they interacted in a positive and warm way with the staff who provided their personal care and other support.

People were assisted with their needs by staff who were monitored and supervised in their work. People also benefited because they were supported by staff who were well trained to understand their needs.

People spoke highly about the care and support they received from the staff. Examples of comments people

made included, "They're all marvellous without exception, great" and "We have found the service fantastic the carers are all so kind ". Care records were informative and clearly showed how to effectively assist people so that their care needs were met.

People felt they were able to make complaints about the service the agency provided if they needed to. There was a system in place to ensure that regular checks on the quality of care and service were carried out. When it was needed, actions were put in place to improve quality of the care and service people received .

People who used the service and the staff thought highly of the registered manager and the provider. The staff team understood the visions and values of the organisation and said they followed them in their work. These included providing personalised care to ensure people were treated as unique individuals.

Summary of findings

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.

People were supported by staff who knew how to protect them from abuse.

People were supported to take their medicines and they were helped to manage them safely.

The provider had put in place a system of checks to recruit only safe and suitable staff.

There was enough staff to ensure people received safe care that met their needs

Good



Is the service effective?

The service was effective.

People felt the staff provided care that was of a high standard that met their needs. Staff had a good understanding of the needs of the people they supported and how to meet them.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People spoke highly of the staff who visited them. They said they were always caring kind and supportive.

People told us that staff supported them with their range of needs in a respectful way.

People told us they appreciated the fact that the staff team who visited them had worked with them for many years and knew them well.

Good



Is the service responsive?

The service was responsive

Peoples care records clearly set out how to support people to meet their care needs.

People spoke positively of the service they received and the flexible way they were supported with their needs.

The views of people were sought by the provider to improve the service if needed. Surveys were also regularly carried out to seek the views of people. The results from these were used to improve the service.

Good



Is the service well-led?

The service was well led

The registered manager and the provider were well regarded by people and the staff.

The quality of care and service people received was checked and monitored to make sure it was safe and suitable. People were consulted as part of this process and the feedback they gave was very positive.

Good



Summary of findings

The team understood the organisations visions and values. The staff team followed the visions and values in their work. These included providing personalised care that ensured people were treated as unique individuals.

Safe & Sound Homecare Services

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.

The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection team consisted of two inspectors. During the inspection, we spoke with 10 people by telephone and we met one person who used the service in their own home. We also spoke with four members of staff, the registered manager, and the provider

We looked at four people's care records and a number of records that related to how the service was managed and run.

Is the service safe?

Our findings

Everyone who we spoke with told us if they felt unhappy and were concerned about a member of staff, they would contact the manager or any of the office staff. People also said they had never had any cause to do this. People said staff were always respectful, and they had never had a problem with any of the staff. One person said, “We have never had a problem with any of the girls” another comment made about the staff was “You would not get anything bad happen with these girls”.

People were supported by staff who understood what to do to minimise risk and keep them safe from abuse. The staff told us they had their own copy of the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was readily available to them in the event of them being concerned that someone may be at risk from abuse.

There was a copy of a procedure and other relevant guidance and information to help staff be aware of how to keep people safe from abuse. The information in training records showed that staff had been on training sessions to learn about the subject of keeping people safe people from abuse.

The staff understood what the idea of whistleblowing at work meant. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date. It had the contact details for the organisations people should use if they felt they needed to report concerns at work.

A record of incidents and occurrences that had happened was kept. Staff recorded what actions had been put in place after an incident or accident. The care manager looked into each incident and followed up what had happened to ensure people were safe. Risk assessments

had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone who was at risk of falling in their home.

People said they felt there was enough staff to support them at each visit that they received. The staff also felt there was enough staff on duty to provide safe care in a timely way to each person. The care manager told us that they tried to use the same staff who worked for the provider if they needed to cover due to staff absences. This was to ensure people were visited by staff who they knew well.

The care manager explained that the numbers of staff needed and the time duration of visits were adjusted when required. They told us how visit runs to people were regularly monitored and reviewed. This was done based on people's needs and how many people staff were were providing care to.

People were supported to take their own medicines safely in their own home and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on frequent training to ensure they knew how to support people with their medicines safely.

Checks were undertaken on the suitability of all potential new staff before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were recruited.

There were checking systems in place to monitor the safety and suitability of people's homes. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing, action was taken to ensure there were no trip hazards.

Is the service effective?

Our findings

The people we spoke with said that when they had started using the service of the agency the registered manager had met with them. They told us this was to work out with them what sort of care they would like to receive. People told us the staff met their needs and gave them the care they wanted. Comments people told us included, “They do exactly what I ask and then ask if they can do anything more”, and “They know how to help me and I don’t have to tell them every little detail”. A further comment was “They just seem to understand me and the get on with it”.

People were supported with their personal care by staff who knew how to provide them with effective support. The staff we spoke with had an understanding of how to effectively support the people they visited. The staff told us they read each person’s care records before they first visited them. They also said they were told by the care manager when care records had been updated if a person’s needs had changed. The staff also said that they provided people with a variety of support including personal care such as bathing and showering, support with medicines help with meals, shopping and cleaning. The staff said they enjoyed the variety of the care and support that they provided people.

The staff demonstrated they had a good understanding of the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

People received effective support to meet their physical healthcare needs. Each person had a health action plan. People told us they were able to see their GP if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed. The staff told us they regularly liaised with the community nurses about people’s health and wellbeing. For example if they were concerned about someone’s skin integrity and the risk of skin breakdown into a pressure ulcer.

People were properly supported to eat nutritious food and drink that they enjoyed. Some people we spoke explained how the staff helped them to prepare and cook their own food. One person told us “They leave me plenty of drinks

and snacks until my next visit”. Staff told us they sometimes helped people who required special diets by going shopping for them for the food they needed. There was up to date information in care records which set out how to support people with their nutritional needs. The staff team had been on a training sessions to help them understand how to support people effectively with their nutritional needs. .

The staff told us that the care manager carried out regular unannounced spot checks carried out on them while they were supporting people. These were carried out to observe how they assisted people with their care. The registered manager and staff said the aim of the spot checks was to ensure people were assisted with their needs in a professional and suitable way. The staff said it was a useful way of making sure they were caring for people in a suitable way.

Supervision records confirmed that staff were supported and developed in their work. The staff confirmed that they met with the care manager regularly. They said they talked with them about work matters and reviewed how they were supporting people. They also said that their training needs and performance related issues were also discussed with them at each meeting.

The staff told us there was always support and someone they could contact any time for guidance They said there was an out of hour’s telephone number they could use to speak to someone for advice.

Staff told us they felt positive about the regular training opportunities they were able to go on. They said the training they had done had helped them understand how to support people effectively. They told us they had been on training in subjects relevant to people’s needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about care dementia care , the needs of older people , general health and safety issues as well as food hygiene, first aid, infection control and medicines management.

New staff were given proper training and support when they began work for the service. There was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex health needs safeguarding adults, care for older people and understanding how to give people their medicines safely. Completed records

Is the service effective?

showed that the care manager had ensured staff had received proper training before they were able to visit people at their homes. Staff also worked alongside more experienced staff to learn how to provide people with effective care.

Is the service caring?

Our findings

Everyone we spoke with gave us feedback about the care they received was very positive. People spoke positively about the care staff they saw. Comments made included “All of the carers are marvellous, “They are all so caring they are like family”, and “The staff are all lovely and we have a laugh”. These comments showed that people felt they received a caring service.

People told us that they knew the staff knew them very well. They said that they were always kind and caring. One person said “The staff really care about me; they will always go that little bit extra for me”. Another comment was “They can’t do enough for you”. People told us that staff were respectful, for example, one person told us “They always knock before they come in, and they make sure you know who it is”.

Everyone who we spoke with said that staff who visited them were always respectful to them. They also said they assisted them in the way they wanted to be supported with their care. Care records confirmed people had helped to decide what sort of care and support they received. For example, when their visits took place and who they wanted to have visit them.

The level of care people received was planned so that their personal needs were fully met and their independence was encouraged. For example, some people said staff helped them with personal care; other people needed support with their medicines. One person said, “The staff encourage me to do what I can for myself”. Another person told us

“The carers prompt me to do as much for myself as I can”. The staff told us one of their key roles was to support people to stay as independent as they could be so that they were able to stay in their own home.

People said they had been involved with their care plan before they started using the service. One person told us “The manager came and assessed me and asked me to tell her the support I wanted”.

Staff knew the people that they visited very well and spoke positively about how much they enjoyed their work. Comments the staff told us included, “I love this job”, and “This is the best job I have ever had and I would not want to work anywhere else. This conveyed that people were supported by a team of well motivated staff”.

The care manager explained that staff were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people

should always be treated as a unique individual. Staff told us the importance of person centred care was discussed at team meetings and during their one to one meetings with the care manager. The staff said they had got to know and understand the needs of each person well who they visited. They said they knew how people liked to be cared for and supported.

Staff had been on training to help them understand the subject of equality and diversity. Staff were able to tell us that this meant promoting equality of opportunity for all and caring for people in a manner that was free of prejudice and discrimination.

Is the service responsive?

Our findings

People told us that the service they received was flexible and based on what care and support they felt they wanted. Examples of comments made included “They turn up on time and they do what I need them to” and “They ask me what I want and do exactly what I ask”. Everybody we spoke to said they saw a team of usually regular staff and that they knew who was due to visit them.

Care plans were person centred and contained guidance about people’s personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted to bathe. Another care plan explained how to support a person who had memory loss and need to be prompted with personal care. Care plans were detailed and they explained what actions were needed to meet people’s needs. They also set out at what time people’s visits and care should be provided. This was to ensure that people’s full range of care needs were met at the times of people’s choosing.

The provider kept a complaints and compliments record. The care manager told us there had been no complaints this year. Everybody we spoke with said they had never needed to complain. People were familiar with the provider’s complaints procedure and they all said they

would speak to the registered manager directly. Comments included “I’ve never had to complain” and “I’ve never needed to complain, but if I did need to I would talk to the manager”.

People told us they were given their own copy of provider’s complaints procedure when they first started using the services of the agency. The complaints procedure included the provider’s contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

People told us they had been given a folder that contained information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

People were sent surveys at least twice a year. People were asked in the survey if they had any complaints about the service. Where people had raised matters in the survey form action was taken by the care manager and the provider to address them. The latest responses from people had been completely positive.

Is the service well-led?

Our findings

People told us that the care manager came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They also told us the registered manager often rang them up to find out how they were and always listened to them and took their views seriously.

The service had a system used to track the times staff arrived at people's homes and how long they spent with each person. The manager told us that they found the monitoring system very useful as it allowed them to track if people's visits were completed when they should have been.

The staff who came to the agency office approached the registered manager and the provider throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were accommodating and helpful. The staff spoke highly of the care manager and the providers. They said they felt very supported by them. They also said that the care manager and the provider would do what every they could to assist them in any way. For example, making sure that visits to people were as close as possible to the areas where they lived to minimise travel time between visit to people. The staff were also very clear about how supportive the team

was. Staff said they always covered each other's visits when needed where they were in the area. This showed that people were supported by a close staff team who also looked after each other.

The care manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

Health and safety audits and quality checks on the care people received were undertaken regularly in their homes. Actions were put in place if risks were identified and improvements were needed. For example, an assessment of people's bathroom and kitchens was regularly carried out to try and make sure staff were safe.

The staff had a good insight into what where the provider's visions and values. They were able to explain these included being person centred in their care to people. They said they also included helping people to keep independence and respecting their diversity. The staff told us they made sure they put these values into practise with everyone they supported.

The staff were asked by the care manager if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.