

Mrs Stella E Davies

Safe & Sound Homecare Services

Inspection report

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13 December 2019

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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

Safe & Sound Homecare Services is a domiciliary care service providing personal care and support for people living in their own homes within a seven mile radius of Radstock. At the time of the inspection they were providing personal care for 40 people.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support that was safe. The provider had a robust recruitment programme, which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in recognising potential abuse and how to raise concerns. Medicines were managed safely. Staff were trained in administering medicines and their competency checked regularly.

People received effective care and support that was focused on the person. There was a consistent staff team which meant people had regular care workers whom they knew well. Staff received mandatory training as well as training specific to people's individual needs. Staff demonstrated a good understanding of people's needs and how they preferred to be supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring staff who respected their independence and supported them with dignity and respect. People told us staff were caring and often went above and beyond what was expected of them.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. One person told us how they maintained control over the care and support provided. They said they discussed their care plan and the staff they were supported by regularly with team leaders or the registered manager.

There were systems in place to monitor the quality of the service provided, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and

complaints and learnt from issues raised.

People and staff spoke positively about the registered manager. Staff said they felt valued and supported by the registered manager and provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2018), and we found one breach. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Safe & Sound Homecare Services

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 one inspector.

Service and service type:

Safe & Sound Homecare Services 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 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 site visit activity started on 12 December 2019 and finished on 13 December 2019. We visited the office location on 12 December 2019. On 13 December 2019 we visited people in their homes and spoke with care workers.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited five people who used the service and spoke with two relatives. We spoke with eight members of staff including the registered manager and directors.

We reviewed a range of records. This included five people's care records, four of which were current records kept in people's homes, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we found medicines were not always managed safely. Staff had not always signed medicine records. There were no medicine checks carried out, such as a check of monitored dosing systems, signatures on medicine administration records, [MARs] or checks that creams and lotions remained in date. At this inspection we found improvements had been made in the safe management of medicines.

- There were systems in place to monitor the management of medicines which included checking staff had signed records and that creams and lotions were still in date.
- All staff administering medicines had received training and had been assessed as competent.
- When people were prescribed as required medicines there were protocols in place to ensure staff knew when to administer and how often
- Care records contained clear guidance for staff and an assessment of the level of assistance they should provide.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am happy with it all. No problems with any of them [staff]. Another person said, "There is no one [staff] I would not have back so I guess that means I feel safe."
- The registered manager and care workers understood their responsibilities to safeguard people from abuse and what actions to take to protect people.
- Records showed care workers had received training in how to recognise and report abuse. One staff member said, "I would report anything. I am hot on that and I know [registered manager] would deal with it immediately.
- Concerns and allegations were reported to the relevant authority, and action taken in a timely manner.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. These included the actions care workers should take to promote people's safety and ensure their needs were met.
- Care plans included guidance on how to minimise risk to people especially when using equipment.
- The service helped people to stay safe in their homes. For example, the service was registered with the Devon and Somerset Fire and rescue service to identify any risks in people's homes. Records showed they had referred people to the service for a free home fire assessment and fire alarms.
- Records showed care workers checked people were wearing their personal call alarm before they left.
- There were also systems in place to protect staff from harm. Initial assessments identified if there were any risks around the property, location or pets.

Staffing and recruitment

- People were supported by enough staff to meet their needs. People were sent a rota to tell them which member of staff to expect. People told us staff were usually on time and sometimes stayed longer than the allotted time. One person said, "If they [staff] have finished they don't rush off they sit and have a chat with me."
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.
- Staff told us they were always given enough time to carry out the care and support required and plenty of time to travel between visits.
- People told us they had a consistent team of staff who they knew and trusted. One person said, "I know them [staff] all, I have my regular team and they are all local so we can chat about local things."

Preventing and controlling infection

- All staff spoken with were aware of the importance of minimising people's risk of infection when providing care and support. All staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- During our home visits we observed staff using PPE appropriately.

Learning lessons when things go wrong

- Accidents, incidents and complaints were analysed to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviewed their processes in line with the MCA 2005 Code of Practice. They had made improvements.

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.

- At the time of the inspection nobody was being deprived of their liberty. However, the registered manager was aware of their responsibilities in the event they did have a person under the court of protection.
- Staff were aware of how to support people who lacked the capacity to make decisions. Care plans included capacity assessments and where a person either lacked capacity or fluctuating capacity.
- When a person lacked capacity to make a specific decision, a best interest meeting was held with professionals and relatives with authority. Decisions made on behalf of the person were then recorded in their care plans.
- Care plans recorded when people had appointed a lasting power of attorney (LPA). The registered manager had also obtained copies of LPA documentation from relatives as proof of their authority to act on the persons behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received a service. Where appropriate, families were involved in planning and agreeing the level of care and support people needed.
- Following the assessment, a full plan of care was put together with the person or a family member if necessary.
- People told us how they had been involved in the initial assessment. One person told us, "Well that is my

care plan [indicating folder]. I said what I wanted in it, we talked about it and it is mainly what I said." However, another person when asked about their care plan said they did not know what it was. When we showed them, they said they had discussed the care package they received.

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion, which was recorded in their care plans.

Staff support: induction, training, skills and experience

- Training for all the organisation's mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and training relevant to people's needs.

- Staff told us training was thorough and there was plenty of opportunity to obtain health and social care diplomas. One staff member said, "One thing they [the service] are really good at is training. Always being asked if we need to attend and reminded when we need to update. Very good really."

- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred.

- All staff confirmed they received an induction when they started to work for the service. The induction training was also linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.

- New staff worked alongside regular staff before they worked alone. If a member of staff had not visited a person before they worked with the person's regular team to get to know their needs. One person said, "I have never had a carer I haven't seen before with a regular member of the team."

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

- Some people needed help with eating and preparing meals. People told us they choose what they wanted to eat and staff either helped them prepare it or did it for them. One person said, "They [staff] are pretty good the food is there, and they ask what I want and make it for me. Always leave me with a cuppa."

- Care plans prompted staff to ensure people had access to sufficient fluids or snacks when they completed their visit. People told us staff always made sure they had a drink and snack to hand before they left. One person's relative said, "They [staff] always make sure I have a cup of tea as well before they leave. I appreciate that."

- Where necessary, staff recorded how much people had eaten and drunk in people's care plans. This meant the information was available for other staff who visited the person or their relatives.

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

- Most people managed their own appointments with healthcare professionals. However, staff told us they would highlight any concerns to senior staff and would telephone for professional support if they were concerned.

- The service worked closely with other health care professionals to ensure effective outcomes for people. For example, they liaised with the community nursing team when necessary and helped people attend appointments if they required the support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- During our home visits we observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good understanding of what people liked to talk about and their preferred routine. One person told us, "Love them all, they are lovely." Another person said, "I don't know what I would do without them [staff]." A relative told us, "They [staff] are a god send really."
- People were relaxed and cheerful in the presence of staff. We observed a very comfortable, friendly banter between people and staff. One person said, "We have a good chat and banter. Don't want straight faced people coming in, I need to be cheerful."
- People spoke highly of the care workers. One person said, "I really look forward to them coming." A relative told us, "They [staff] seem to look after me as well, very kind and caring."

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

- Staff enabled, and actively, supported people to make decisions about their care. They knew when people wanted help and support. One person told us, "I can do most things for myself and the girls are there for reassurance. They never take over and let me do things as I like."
- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. One person told us, "I can discuss anything with the office. They listen, and any changes are added immediately."
- A record of compliments was kept and shared with staff. Compliments received included, "I would like to thank you for the wonderful care given to my mum." And "[Carers name] is an angel an absolute star and credit to you." And "We are very pleased with her visit times being regular, has had a positive impact on her life."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care. One person said, "They [staff] are all very professional. Watch all the little things like shutting doors asking before they do anything. All very good."
- People were supported to be as independent as possible, with staff understanding how much support to offer and when to step back.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At the last inspection we found care plans were not person centred and did not always contain sufficient information for staff to provide consistent care and support. People's choices, likes, and dislikes had not been recorded. At this inspection we found care plans had improved.

- All the care plans reviewed were written in a person-centred way. They contained clear guidance and instructions for staff about how to meet the needs of the person.
- There was guidance for staff on recognising specific healthcare needs. For example, there was very clear guidance on recognising the signs and symptoms of low blood sugar levels for a person with diabetes. The guidance included the immediate actions staff should take.
- People received care and support from staff who understood their needs, preferences and interests, this was because there was a consistent team who visited the same people regularly.
- Regular reviews of care plans were completed with people and their views on their care and support sought. One person said, "We often talk about the care plan and make changes when it is needed."

• 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.

- Peoples information and communication needs were identified and recorded in their care records. There was clear guidance on how people benefited from different approaches depending on their need. For example, one record identified how the person needed staff to speak slowly but not to shout.
- If people needed support with information in alternative formats this could be arranged.

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

- As a community care provider, the service is not responsible for providing and arranging activities for people. However, they supported people to go to activities of their choice.
- The registered manager told us how they were looking at ways to help people using the service avoid social isolation. They had started a library and people could loan books. Following this they had discussed creating a book club, so people could meet and talk about the books they read and enjoy some company.

- The day before the inspection the service had held a Christmas party for all the people using the service. People had received an invitation and they could bring family or friends. One person told us how they had enjoyed the party. Another person told us they thought it was, "Lovely that they[staff] think of us other than a job."
- The registered manager told us they were looking at ways to do similar events at other times to bring people together socially.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people in their care plans.
- People said they were happy to raise concerns or complaints if they needed to but told us they did not have any complaints. One person said, "I have nothing to grumble about. I know who I can talk to and I would if I had anything to complain about."
- Complaints and concerns had been reviewed and action taken. The registered manager had responded to people's concerns within the time scales of their policy and procedure and learning had been put in place.

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Nobody was receiving end of life care at the time of the inspection however, end of life support could be provided. Staff were supported to provide effective end of life care by the community nursing team and local hospices.
- The service offered staff training in end of life care to ensure people's wishes were respected.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as planning for illnesses or hospital admission and resuscitation decisions had been undertaken.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the providers quality assurance systems had failed to identify shortfalls found at the inspection. Action plans had not been developed to drive improvement. Where shortfalls had been found they had not been rectified. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had worked hard to improve the quality assurance system used by the service. Evidence showed there was an effective system in place to audit all areas of the service provided and drive improvement.
- There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged. For example, checks on medicines record charts had identified gaps in recording. Staff were reminded in their one to one meeting and at team meetings the importance of recording all medicines administered or prompted.
- The service was well managed. Staff at all levels were aware of their roles and responsibilities. An on-call system was in place for staff working outside of office hours, so all staff could contact a manager at any time for advice and support.
- Staff and people spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and development of the service.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings and unannounced spot checks [when providing care] by team leaders.
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and all the staff spoken with could discuss how they ensured the care and support

was person centred. They made sure it reflected the needs, likes and dislikes of the people. This could be seen in the way people were involved in their care.

- Care plans showed staff involved people, the records maintained were about them as individuals and clearly described their experience, so all staff would recognise if there had been a change.

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

- People and their families could comment on the service provided. The registered manager carried out satisfaction surveys. Comments were largely positive. Where issues had been raised action had been taken and fed back to people or their relative. Comments received were mainly positive with one relative stating, "You are an amazing team so genuinely kind and thoughtful."

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training.
- The registered manager also attended meetings with other managers in the area. This meant they could share what worked well and what had not and how they had managed it.
- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual were aware of their responsibilities in relation to the duty of candour.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.