

Sapphire Care & Support Services Limited

Sapphire Home Care

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

This inspection was carried out on 17 and 18 May 2018. The inspection was announced.

Sapphire Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, people with an eating disorder, people with a mental health problem and people with learning disabilities or autistic spectrum disorder.

Not everyone using Sapphire Home Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were seven people in receipt of personal care when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also one of the directors of the company.

People and their relatives told us they received safe, effective, caring, responsive and well led care. They had nothing but positive feedback about the service they received.

The provider had followed effective recruitment procedures to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles. Staff had attended training relevant to people's needs. They were provided with one to one supervision meetings and regular spot checks to ensure that they were putting their training into practice.

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

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. People had opportunities to feedback about the service they received.

People were supported and helped to maintain their health and to access health services. Timely action had been taken when people's health changed.

Risks to people's safety and welfare were well managed to make sure they were protected from harm. No accidents and incidents had occurred.

Medicines were well managed. Staff had received medicines training. Medicines had been recorded

adequately. Medicines records were audited monthly.

People's support plans were clear for staff about how they should meet people's care and support needs.

Essential information about people such as their life history, likes, dislikes and preferences were included. Support plans had been reviewed and amended regularly to ensure they reflected each person's current need or specific healthcare needs.

People knew who to complain to if they needed to. The complaints procedure was available in the office and in people had copies within their handbooks in their homes.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

There were suitable numbers of staff on shift to meet people's needs. The registered manager worked with people providing care and support on a regular basis. People received consistent support from staff they knew well.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

People and relatives told us that staff were kind and caring. Staff treated people with dignity and respect.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

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.

Risks had been appropriately assessed and mitigated to ensure people were safe. No accidents or incidents had occurred. Medicines were managed safely.

There were enough staff deployed to meet people's needs. The provider had followed safe recruitment practices.

Staff knew what they should do to identify and raise safeguarding concerns.

Measures were in place to minimise the spread of any infection. Staff used personal protective equipment to safeguard themselves and people.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to help them meet people's assessed needs. Staff received regular supervision.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people to make decisions. People's choices and decisions were respected.

People received medical assistance from healthcare professionals when they needed it.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and

people told us they were treated with dignity and respect.

People's information was treated confidentially.

Is the service responsive?

The service was responsive.

Support plans were in place, these were person centred and clearly detailed what care and support staff needed to provide. Support plans had been reviewed and amended when necessary.

The registered manager planned to discuss people's end of life wishes and preferences with people.

People knew how to complain. Complaints procedures were detailed in each person's handbook and guide to the service. There had not been any complaints.

Good ●

Is the service well-led?

The service was well led.

Systems to monitor the quality of the service were in place. The provider's vision and aims had been communicated clearly to staff and to people using the service. It was clear that the vision and aims were being met.

Systems were in place to enable staff, people and their relatives to provide feedback.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff felt the registered manager was approachable and would listen to any concerns. Staff felt well supported.

Good ●

Sapphire Home Care

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 May 2018. It was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 17 May 2018 and ended on 25 May 2018. It included visiting people in their homes, shadowing staff providing care, talking with relatives and phone calls to people and their relatives. We visited the office location on 17 and 18 May 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed staff interactions with one person and observed care and support in communal areas, whilst gaining feedback from the person's relative. We telephoned one relative to gain feedback and we sent people, relatives, staff and health and social care professionals surveys before the inspection. We received feedback from three people and one staff member. We spoke with all three staff, which included a support worker, and the two company directors. One of whom was the registered manager. All three provided care and support to people in the community.

We requested information by email from local authority care managers, occupational therapists and commissioners who are health and social care professionals involved in the service. We also contacted Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included five people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at three staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including the 'client handbook'. The information we requested was sent to us in a timely manner.

The service had been registered with us since 25 April 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People and their relatives told us they felt safe. People and their relatives told us they had the same staff providing their care. One relative said, "They turn up on time including all the time we had the terrible winter and snow." People confirmed they always knew who was going to be providing their care. One person told us, "I know who is coming; they send a weekly list with pictures on". Sapphire Home Care employed enough staff to cover the care packages that were in progress. Rotas and schedules showed that people had consistent staff working with them.

The provider followed safe recruitment procedures so that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Copies of identification had been checked by the provider at the recruitment stage, however these had not been retained. We spoke with the registered manager about this and they agreed to retain the copies of the identification.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the registered manager would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Sussex area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

People's medicines were managed safely. Some people were supported by staff with the administration of their prescribed medicines. Some people either administered their own prescribed medicines or had a relative who helped them. A medicines risk assessment was in place to highlight the risks to the individual and the measures in place to keep people safe and prevent potential harm. A list of all medicines people were prescribed was included in their support plan. The list was dated and reviewed regularly to ensure it remained up to date with the correct information. Records were comprehensive with the information staff would need to administer medicines in a professional and safe manner. Medicines administration records (MAR) for staff to sign when they had administered each medicine were neat and legible. This meant errors would be easier to see and rectify. MAR charts were audited monthly. One person's relative helped them to take all their prescribed medicines, however, staff applied the person's prescribed creams. Body maps were in place to show which parts of the body the prescribed creams must be applied. This sharing of responsibilities was very clear in the support plan and the risk assessment. One relative told us, "They [staff] do his creams. [Staff member] suggested that the district nurse visited [to check pressure area] I contacted them [the district nursing service] and they are offering support. I do [family member's] medication before they get here."

Before any care package commenced, the registered manager carried out risk assessments of the

environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, the approach to the house and whether the garden posed any risks such as trip hazards and poor lighting. Risk assessments for inside the property highlighted if there were pets in the property, and if there were any obstacles in corridors, such as worn carpets.

Individualised risk assessments were in place to mitigate the risks of care tasks and in relation to people's health and mobility. People's individual risk assessments included very clear information about action to take to minimise the chance of harm occurring. For example, people who required hoists to enable them to transfer safely from their bed to wheelchair had clear details including pictures of which loops to use on the sling and how to position the hoist. Where people's health or mobility had deteriorated the registered manager had taken timely action to review and amend risk assessments to evidence what staff should do to mitigate the risks to the person and themselves. One person had suffered a stroke, which had affected their mobility. There was clear evidence that the service sought advice from occupational therapists to help the person safely remain in their home. Each person had an emergency plan in place which detailed what action staff should take to evacuate them from their home in the event of a fire.

The registered manager maintained a list of equipment in use in people's homes which staff needed to use to provide care and support. The registered manager had a good understanding of when equipment was due to be serviced and checked to ensure it was still safe for use.

The registered manager was in the process of developing a business continuity plan to detail how the service would operate if the office premises became unusable due to fire or flood. The registered manager told us the plan will also detail how they would continue to meet people's needs in the event of extreme weather such as snow. The registered manager, people and relatives told us that care visits and calls were not affected by the snow and ice during the winter. This meant suitable systems were in place to respond to emergencies and provide people with consistent care and support.

The provider's information return (PIR) evidenced that the service had registered with the fire service's fire safety scheme which provides positive benefits to people and their relatives, including a visit to people's homes to give fire safety advice, which is tailored to their personal situation and provide smoke detectors. The registered manager told us that they had not had to refer anyone to the fire service yet.

Staff were provided with appropriate equipment to carry out their roles safely. Each staff member had a kit bag which contained; gloves, aprons, shoe protectors, hand gel, liquid soap, wet wipes, hand towels, a thermometer (to aid staff checking the water temperature if they were supporting with bathing or showering). All staff were issued with personal attack alarms and torches when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office.

There had not been any documented accidents or incidents for the registered manager to review or action. The registered manager told us if an accident or incident occurred they would discuss this fully with the staff and put in place actions to enable the service to learn lessons.

Is the service effective?

Our findings

People told us they received effective care and support from staff that knew them well. One relative told us, "They are very competent indeed, they spot everything and write it in the book." Another relative also told us, "They are so professional with their recording." Comments made in the completed surveys included, 'My spouse and I are extremely pleased with the service and care provided. We have no complaints' and 'They are wonderful and very dear friends.'

Staff files evidenced that staff had completed comprehensive training to enable them to meet peoples care needs. Courses attended included, handling medicines, food safety, health and safety, fire safety, moving and handling, diabetes, epilepsy, stroke, first aid and safeguarding adults and children. The registered manager had arranged training courses for staff to attend to update and refresh their knowledge and skills. One of the directors had attended a train the trainer course to enable them to train staff in key areas as the business expanded. A relative told us, "I feel they are well trained, I like that they don't put their training on you to belittle you."

Staff had also completed equality, diversity and human rights training and had become dignity champions within the service. A dignity champion is a person who believes passionately that being treated with dignity is a basic human right. They believe services should be compassionate and person centred as well as efficient. Dignity champions have pledged they will challenge poor care and act as good role models.

Staff had adequate support to carry out their roles. Induction for new staff included reading through policies, reading people's care files and shadowing experienced staff. Staff then completed the Care Certificate, where practice was observed by the registered manager and provider to ensure that knowledge and skills are embedded into practice. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Records showed that supervision meetings with staff had taken place frequently. A staff member confirmed, "I have monthly supervision with [registered manager]." They also confirmed they had frequent spot checks to check their practice and to check they were working with people in a safe and personalised manner.

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

We checked whether the service was working within the principles of the MCA 2005. There were procedures in place and guidance was clear in relation to MCA 2005 that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff knew about the MCA 2005. Most people receiving a service had capacity to make their own decisions relating to their care and their lives. One person who was not able to verbally communicate used eye contact and facial expressions to express their choices. Staff knew them

well and it was clear their decisions and choices were respected. Where people had no capacity to make specific decisions best interests meetings had taken place with relevant people such as relatives to ensure decision making processes were lawful.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. Support plans detailed the support people needed. People's likes, dislikes and preferences of food and drink were recorded. People purchased their own food through shopping with support and through support of their relatives. Staff detailed how they supported people to eat foods they liked. One person's daily records showed that staff were clearly giving options at meal times. Each meal time the person was offered a choice of three dinners. Staff recorded what was chosen and how much of it was eaten.

Relatives told us that their family members received medical assistance from healthcare professionals when they needed it. Staff gave us examples of times when they had contacted people's GP, emergency healthcare (111), district nurses or other health professionals such as an occupational therapist (OT) when it was required. During the inspection a staff member reported to a relative that their family member's pressure area had got worse since the day before. The relative confirmed they had spoken with the district nurses and arranged for them to visit for later in the week. However, as the wound had got worse they planned to ring them again and bring the appointment forward. People's care files detailed when phone calls or emails had been sent to health and social care professionals such as OT's and local authority care managers. Sapphire Home Care had worked in partnership with a service which was unable to provide personal care to people as it was not registered to do so. Sapphire Home Care provided the regulated activity of personal care which enabled the people to remain in their homes. This showed that the service worked in partnership with other health and social care professionals. People received support from staff or their relatives when required to attend medical appointments.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The registered manager carried out an assessment with each person before they agreed to provide care and support. The assessment checked people's details and preferences such as marital status, gender, nationality, ethnicity and religion.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. We observed that staff had a good rapport with people and their relatives. Because the staff team was small staff had built up good relationships with people. A relative said, "They respect me, they are friendly, jovial and jokey [person] loves that, he loves the banter" and "They are very kind and caring especially [staff member] he's so sensitive to [person], he's very gentle." Another relative told us, "I can't praise them enough, they are very kind and thoughtful."

All the people who completed a survey all told us they were always introduced to new care and support workers before they provided care or support. They also said they were happy with their care and support, they were involved in decision making, they were treated with dignity and respect and the staff were kind and caring. They all said they were supported to be as independent as they can be.

Relatives said staff treated them with dignity and their privacy was respected. We observed staff supporting a person to mobilise to the bathroom to have a shower. Staff were friendly and discreet and clearly knew the person well. Staff supported people in a gentle manner and we heard them talking with people throughout the care provided with the door closed to maintain privacy. Relatives told us that staff respected their personal space. One relative said, "They don't go anywhere in the house they shouldn't, they are A1." Staff called people by their preferred name. We observed staff knocking on doors before entering people's homes. Staff were clear on how to maintain people's dignity when supporting them with their personal care. They ensured people's curtains and doors were closed. One staff member said, "I make sure curtains are closed, dignity towels are in place on the person's lower half whilst they are on the commode and doors shut. Be respectful about what you talk about with them, treat people how you would want to be treated. Make sure people have choice and are involved. Respect people's differences."

People's confidential records relating to their care were kept by the provider in a locked cabinet in the office to maintain people's privacy. A relative told us, "I feel information is confidential, I do trust them." The service had a variety of documents, records and information in an accessible format. The service planned to review and amend documents further to ensure they met the 'Accessible Information Standard'. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand.

Staff had a good rapport with people and knew people well. Staff were able to describe people's care routines, likes and dislikes. We observed staff chatting with a person about their day, who they were going to be going out with and their plans for the weekend, showing interest in people and their lives.

Staff had built positive relationships with people and their relatives. One staff member told us, "It's been a really good journey; we've got really nice clients." A relative said, "We like their friendliness, we chat" and "Me and my husband are very happy." Another relative told us that staff "They are so open and honest" and "They are really good, they give him choices like aftershaves and stuff. He's happy to see them, always has a smile on his face. They make him laugh." Staff told us they had time to sit and chat with people. Relatives told us that staff stayed for the full length of their care visit and people were not rushed.

Is the service responsive?

Our findings

Relatives told us that staff were responsive to their family member's needs. One relative said, "I highly recommend them, they are quite flexible. They helped us by providing care on a Saturday, it really took the pressure off."

All the people we surveyed told us that Sapphire Home Care and the staff responded well to their complaints and concerns. People and relatives knew how to complain. Each person was issued with a 'client handbook' when they started to receive a service from Sapphire Home Care. This handbook set out the policy and procedures for making complaints. It clearly set out the timescales in which the complaint would be responded by and who people should complain to if they were not satisfied with the response. For example, people could contact the local authority, local clinical commissioning group or the local government ombudsman. There had not been any complaints against the service. One relative told us, "I have no complaints what so ever."

People's support plans were person centred. Staff knew people's likes, dislikes and preferences. Each person had a 'About me' document which detailed key information about the person. Such as jobs the person had held, where they had lived, important people in their lives, what routines and choices were important to them as well as what caused people to become anxious. They clearly detailed people's cultural needs as well as their care and support needs. Relatives told us they had been involved in developing the care and support plan. One relative said, "We developed the care plan, we did it in an evening with me and my husband and [person]. Once it was done we added tweaks and it has been reviewed since."

Staff completed daily records of the care and support they had provided and this was kept in the person's care file within their home. The daily records evidenced that staff were supporting people according to their support plan and in accordance with their wishes and choices. Staff completed additional records to evidence that they were checking and recording people's skin integrity, bowel movements, urine output and seizure activity when necessary. One relative told us that the attention to detail had really helped them and other health and social care professionals to understand the complex support needs of their family member.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. For example, one person had suffered a stroke, their support plan and risk assessments had been revised and amended to evidence what staff should do to meet the person's changed needs including how to support the person with their reduced mobility.

The management team planned to work with people and their relatives to talk about people's wishes and preferences if they became unwell or if they died. They understood that this was a sensitive subject and a difficult one to approach. Sapphire Home Care were not providing support to anyone at the end of their lives.

Is the service well-led?

Our findings

People knew the management team well, because they also received care and support from them. People and their relatives felt the service was well led. One relative told us, "They are the best service we've ever had."

Audits and checks were carried out by the management team. These included monthly medicines checks, finance audits, safeguarding, late and missed care and support visits, equipment in use and accident and incident checks. People's daily records were also audited monthly to ensure care and support had been carried out as planned and to ensure documentation had been adequately completed.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Some of the policies had been reviewed and amended to bring them up to date and to reflect changes and updates in good practice guidance.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's statement of purpose detailed that the aims of the service were to; 'Provide personal care and support in ways which have positive outcomes for clients and promote their active participation. To provide a flexible, attentive, efficient domiciliary care service which provides the best use of resources to maximise value for money for the purchaser/clients which meets its aims and objectives. To enable and support clients to retain their independence of thought and activity. To meet the client's physical, mental and emotional needs and well-being in a dignified non-judgmental way. To ensure that the service is delivered in a non-discriminatory manner, respecting the Client's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices. To ensure that the Client's needs, values, diversity and beliefs are respected in matters of religion, culture, race or ethnic origin, gender identity, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.' The aims of the service at Sapphire Home Care had clearly been communicated to all staff, they were all working to ensure people were effectively supported with all aspects of their lives.

The registered manager was keen to sign up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. They had signed up to and attend training with the local authority. The management team had also signed up to receive newsletters and information from the local authorities and CQC. They received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected. The registered manager had a good relationship with other agencies and had supported another support provider by providing medicines support to enable people to receive personal care when the other service

were unable to provide this type of support.

Staff told us communication was good. Staff told us there were regular staff meetings to discuss the service. One staff member said, "We have staff meetings, there is only the three of us. We communicate every day." Another staff member told us, "We message and email and speak, communication is brilliant especially when updating on changes. We have monthly staff meetings and talk through clients." The staff member who had completed their survey confirmed that the management team were approachable and accessible.

It was evident that the management team had a good understanding of people's care and support needs and knew the relatives and the staff that provided support well.

People were given the opportunity to provide feedback about the service informally, through regular face to face contact with the management team and through communication with the registered manager. The provider had not sent out surveys about the service, these were being sent in June 2018. All the people surveyed told us they had been given the opportunity to provide feedback to the service.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, and deaths. The registered manager knew and understood which incidents and events required reporting. There had not been any incidents to report.