

Safe & Sound Homecare Services Ltd

# Safe and Sound Homecare Services

## Inspection report

Office 2, The Oval Office  
Cobblers Way, Westfield  
Radstock  
BA3 3BX

Tel: 01761410745

Date of inspection visit:  
31 May 2022

Date of publication:  
21 June 2022

## 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 and Sound Homecare Services is a domiciliary care service, providing personal care to people living in Radstock and the surrounding villages.

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. On the day of inspection, 36 people were receiving the regulated activity of personal care.

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

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person's relative said, "They make sure [name] is safe when walking." There were enough staff available to meet people's needs. People told us staff didn't always arrive at the scheduled time, but they always stayed for the specified period and no visits were missed. People were supported to take their medicines safely. Incidents and accidents were reported.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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 told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments included, "I get on so well with them, they are so caring, doing what they should do. I have so much praise for them" and, "The staff do everything I need, they even bring in my dustbin for me." Comments from staff included, "We all make a difference to people's lives. We're their social visit as well as providing practical support. If clients don't have family close by, we might be the only person they see. When they say thank you it just means so much."

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. People commented, "Everything I ask for they endeavour to do". Relative's comments included, "When my [relative] was alive they looked after [them] so well I wanted them to also look after [name]." There was a complaints procedure in place and people knew how to complain if they needed to. Complaints were investigated and resolved satisfactorily.

Quality assurance processes were in place. There was a quality improvement plan in place. Regular audits of all aspects of the service were being undertaken. Positive feedback was received from people. Comments included, "I would recommend them because they are caring, they look after you. They don't mind you raising a query, they look into it, they don't dismiss you. You can talk to them about anything."

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

#### Rating at last inspection

The last rating for this service under the previous provider was Good published on 15 January 2020. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Safe and Sound Homecare Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 and 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2022 and ended on 02 June 2022. We visited the location's office on 31 May.

### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and three people's relatives. We spoke with four members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from one health professional who works with the service.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of other 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 our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I saw someone had some new bruises and they didn't know why they were there, I would ask permission to inform the office and then report it."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "I would be the first to tell the manager if I was worried about poor standards of care."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, in one person's plan there was step by step detail for staff on how to use the hoist, including how to position the sling.
- One person said, "Just the thought of them coming makes me feel safe, they take care of me."
- People's relatives told us they were confident their relation was safe. Comments included, "I know [name] is safe with them" and, "They [staff] keep an eye on [name]. [Name] walks with a stick and is forgetful. The carers prompt and check on [name]."

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- People using the service told us staff had not missed any visits but were not always punctual. Comments included, "They turn up on time usually. Sometimes they are held up, but they don't always let me know" and, "They don't let me know if they are running late, I have asked them several times to let me know but it only sometimes happens." The registered manager said they were committed to ensuring people were always informed if staff were running late.
- The service consisted of a small team of staff and this meant people were, in the main, seen by staff they knew and were familiar with. One person's relative told us, "[Name] generally has the same three carers but there may be different ones at the week-ends". One person said, "I have the same two carers. It means I don't have to get used to strange faces".

### Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent. One person's relative said, "Staff remind [name] to take their tablets. [Name] would forget otherwise."
- Staff ensured people had enough medicines. We heard one staff member make a phone call to a person who was waiting for some new medication. The staff member asked if the person would like a member of staff to go to the pharmacy for them to collect their medication so that they could start it as soon as possible.
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.

### Preventing and controlling infection

- Staff had access to enough PPE and had received infection control training.
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.
- Staff adherence to infection control procedures was monitored as part of the staff spot check process they had in place.
- One person's relative said, "They [staff] always wear their PPE."

### Learning lessons when things go wrong

- Incidents and accidents were logged. Staff reported incidents via the app on their phones. The registered manager said, "When the staff report something, it comes through on email and then it can be dealt with straight away. It's real time reporting so I'm always aware of incidents."
- The reporting system showed that these were fully investigated and resolved.
- Lessons learned from incidents and accidents were shared with the team to prevent recurrence.



# 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 our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

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

- People's needs were assessed and regularly reviewed.
- The registered manager told us, "We go out and assess people at home. This then forms a primary assessment which feeds into the care plan. I believe it is important to go and physically meet the customer."
- One person said, "Someone came from the office in the beginning, I now have a review every year." One person's relative said, "[Name] is due a review next week. [Registered manager] said she's going to come and have a chat with [name] and then give me a call to discuss."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and unannounced spot checks of their care practices were carried out. New staff completed training, and shadow shifts before working unsupervised.
- The service supported staff to undertake the care certificate during their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had regular supervision sessions and said they felt supported in their role. Comments included, "I feel very supported" and, "There is always help available. I never feel left alone."

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

- Where required, people were supported to eat and drink well.
- Care plans detailed people's preferred food and drinks and how they liked staff to prepare them.
- Staff comments included, "We've got some dementia clients so I always make sure they start the day well by making them porridge with hot milk, a good nourishing breakfast" and, "A lot of people have meals delivered but if they don't fancy it, I'll offer to make scrambled egg or something else for them."

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

- Staff understood their responsibilities to support people to access services as needed. One staff member said, "If I thought someone was poorly, I would ring the office and they contact the GP. I've got people who I know when they might have a UTI, because they get a bit muddled, and another person I know so well, and I can tell when they're starting to get a chest infection. That's what continuity of care does."
- One person said, "I fell a month ago, the carer helped me, and waited for the paramedics to check me over. She was absolutely superb, very professional."

- One professional said, "When there has been any concerns with any service users they have contacted me direct in a professional manner. All advice and recommendations have always been implemented with no concerns."

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

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

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

- People had consented to their planned care
- When people were unable to consent to their care, best interest decisions had been made and these were clearly documented.
- One person said, "The staff always ask if I want them to wash my hair and if I want them to help me to choose the clothes to wear."

# 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 our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff treated them well. Comments included, "They [staff] talk to me, we have a laugh. They're very kind, they treat you nicely and don't rush things. They ask if I am alright and if there is anything else they can do for me." Another person said, "They [staff] treat me with the upmost respect. They ask me if I am having a good day, and if I am not feeling too good, they put their arm around me. We talk about different things; we have a joke and a little sing song."
- One person said, "They [staff] go above and beyond. If I run out of anything, they will go and get it for me in their own time."
- People's relatives commented, "The staff are genuinely warm, they're interested in [name]" and, "The staff are very good. My [relative] has dementia, and staff know the music [name] likes and they sing with [name]. They laugh with [name], interact with [name], and always explain what they are doing".
- Without exception, staff spoke highly of their roles. One staff member said, "The care is very good I think, and it shows. This job is about doing things for people that you would do for your own mum and dad" and, "The job is about making clients happy, looking after them. It's our job to encourage people to be as independent as possible, whilst also helping them. It's nice to see people smile and be happy."
- One staff member said, "The care we provide is excellent. It's A1. I know it is because I go out and do spot checks on staff, so I see it first-hand."

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

- People and their relatives said they were involved in making decisions about their care. One person's relative said, "If I ask staff to put some washing in the machine or go up to the shop for [name] they will. If they have time they sit, and chat and they help [name] make the bed".
- One person said, "The staff understand me and always ask what I want them to do."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to promote privacy and dignity. One staff member said, "When I arrive at someone's house, I'll get the key out of the safe, but I will always ring the bell or knock the door before I go in and then call out straight away so they know it's me."
- People told us staff respected their privacy and dignity, particularly when providing personal care. Comments included, "They go out of the room when I need to go to the toilet" and, "They realise I get embarrassed in the shower; they allow me to cover up my bits."
- One person said, "They shower me, help me dress. They touch me gently." Another person said, "They encourage me to be independent, but tell me not to be afraid to ask for help."

# Is the service responsive?

## Our findings

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

At our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan, there was guidance for staff on how to provide personal care in line with their preferences. One person's relative said, "At the beginning, they made a point of writing down [name's] likes and dislikes."
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting.
- Staff said they were allocated enough time to meet people's needs during visits. One member of staff said, "We usually have long enough at people's houses, but if needed the office will try and get more funding for more time. But I would always stay and do whatever they needed me to. I would never leave someone if they needed something."
- People and their relatives told us staff always stayed for the agreed length of visit.
- People commented on the positive impact to them of being able to remain in their own homes. One person said, "The staff have given me the opportunity to renew my life, I could not do without them, They have given me a new lease of life."
- One person's relative said, "Watching your relative get old and frail is difficult and it's a load shared with Safe and Sound. It really is life changing. Without their support I wouldn't be able to work and [name] wouldn't be able to stay at home."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- When people had communication needs, the plans informed staff how to meet this, including whether communication aids were being used.
- The registered manager told us documents could be provided in alternative formats if required, such as large font or easy read.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints had been logged, investigated and resolved.
- People and their relatives told us they knew how to complain but had no reason to.
- The registered manager told us they regularly attended visits in order to maintain the quality of the service. They said, "I enjoy doing care visits and I can keep an eye on what's going on, I can meet the customers and get the feedback face to face. I can sit and have a sensible conversation with people. We aim to please people as much as we can."
- The service had received many compliments. Examples of these included, "[Staff name's] were very kind, caring and respectful" and, "I feel much more confident knowing the carers are there."

#### End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care. The registered manager said this was something they could provide if needed. Records showed staff had been provided with end of life training.

# 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 our last inspection under the previous provider we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a passion and commitment to providing a person-centred responsive service. They told us, "We want to provide the best possible care for people." Staff we spoke with shared this commitment and had been asked to help decide the values of the service. The registered manager said, "Our values are to provide a caring, compassionate and respectful service. We got the carers to help us choose our values, and these were the words they chose. We talk about them in our probation plan with new staff and ask about them in appraisals."
- We found there was an open culture within the service. The provider and staff were open and honest with us throughout the inspection.
- People were supported in a sensitive and kind manner. Feedback from people and their relatives was positive about the service, the staff and the registered manager. One person told us, "I would recommend [provider] for their good quality care, their ability to respect a person, respect their pattern of life and adapt to it. The privacy they give me is great, they arrive on time, stay for the duration, or longer. I respect the structure they give me."
- One person's relative said, "They are just lovely, super reliable, really grounded caring people. I recommend them 100%."
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed. One member of staff said, "[Registered manager] is lovely, very, very supportive. I've worked for a few companies and this one is by far the best. The customer always comes first but [provider] really looks after their staff too." Another member of staff said, "I've been really well supported by [registered manager] and all of the office staff."

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 understood their responsibilities regarding duty of candour. They acted in line with the legal requirements to be open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place for monitoring and managing service quality. This included a range of regular audits, spot checks, care call monitoring, care reviews and supervisions.
- The registered manager and staff team understood their responsibilities for ensuring that risks were

promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through reviews and monitoring.

- There were clear systems and processes in place for learning from any concerns raised by people and their relatives
- The registered manager understood their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.
- Staff understood their responsibilities, they were provided with job descriptions and received regular feedback.
- On-call arrangements were in place to ensure staff and people who use the service had access to advice or support in an emergency.

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

- Feedback was regularly sought from people using the service. Surveys had been analysed and improvements made to the service when needed. For example, some people had fed back that they were not always informed when staff were running late, and the service was working to keep people informed if staff were going to be more than 30 minutes late.
- Staff surveys had been completed and reviewed. Surveys we looked at showed positive feedback from staff.
- Staff meetings took place. We saw minutes of the most recent meeting. Staff told us they felt confident to speak up during these meetings.
- Staff told us they were informed when feedback was received about them. One staff member said, "We do get feedback if someone says something nice. [Registered manager] always tells us."

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority and health professionals.
- One professional said, "I have always found the service to be professional and efficient and I have referred service users to [provider] as a first point of contact for providing care."