

Savannah Care Limited

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Inspection report

38 Stafford Road
Wallington
Sutton
Surrey
SM6 9AA

Tel: 07916304749

Website: www.savannahcarelimited.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 November 2016. At which breaches of legal requirements were found in regards to person-centred care, safe care and treatment, staffing and good governance. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. They stated they would take the necessary action to address the breaches by 14 February 2017.

We undertook this focused inspection on 25 April 2017 to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Savannah Care Limited' on our website at www.cqc.org.uk

Savannah Care Limited provides a domiciliary care service, supporting people with their personal care in their own homes. At our inspection 23 people were receiving a service.

A registered manager was 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.

At this inspection we found the provider had made many improvements and were now meeting the breaches of regulations previously identified.

Staffing levels had improved to ensure there were sufficient staff to meet people's needs. We saw people were receiving their care at the scheduled time and staff were able to stay the full allocated time to meet people's needs. The registered manager had identified training opportunities and staff had undertaken the provider's mandatory training. Supervision sessions were also being held in line with the provider's policy.

People's care records had been reviewed and updated. They provided clear and detailed information about the person using the service and the level of support to be provided at each visit, this included in relation to medicines administration. The registered manager had assessed the individual risks to people's safety and management plans were in place to minimise those risks.

The registered manager had improved processes to review the quality of service delivery. Spot checks were now being undertaken regularly, at which people were asked for their feedback about the quality of support provided. There were systems in place to learn from complaints received and any incidents that occurred. The registered manager was also making further improvements to systems to review the quality of care records and track staff's adherence to visit times. Where concerns were raised or improvements were required, these were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were now sufficient staff to meet people's needs. Risks to people's safety had been assessed and management plans were in place.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'safe' at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

Staff had received training and supervision to ensure they had the knowledge and skills to undertake their duties.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

Staff had improved and updated people's care records to ensure they provided detailed information about people's support needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The registered manager had strengthened their processes to review the quality of care delivery, and took action where improvements were required.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would

Requires Improvement ●

require a longer term track record of consistent good practice.
We will review our rating for 'well-led' at the next comprehensive inspection.

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Detailed findings

Background to this inspection

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

We undertook an unannounced focused inspection on 25 April 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 November 2016 had been made. We inspected the service against four of the five questions we ask about services: 'Is the service safe? Is the service effective? Is the service responsive? And Is the service well-led?'

The inspection was undertaken by one inspector.

During the inspection we looked in detail at the care three people received. This included reviewing their care records, their schedule of visits and the actual times recorded that staff attended. We reviewed their main care workers' rotas and their adherence to their scheduled visits as well as checking their training and supervision records. We checked four staff's records. We also viewed the provider's records relating to the management of the service including spot checks, incidents and complaints management and auditing processes. We spoke with the registered manager and the senior care worker. Following our visit to the office we spoke with two people using the service, two care workers and received feedback from a representative from the local authority.

Is the service safe?

Our findings

At our previous inspection in November 2016 we found there were not sufficient numbers of suitable staff to meet people's needs. We saw people were not always able to have support provided at their preferred time and that care workers did not always arrive at people's home at the time they were scheduled to. We also saw from records that staff did not have their workload adequately scheduled to allow them to stay at people's homes for the required amount of time, meaning staff did not always stay the allocated time to undertake their tasks and meet people's needs.

During this inspection the registered manager informed us they had increased their staffing levels and they were in the process of recruiting additional care workers. They had also recruited an administrator to help with the office work, to enable the senior care worker time to undertake their role. From checking people's care records and viewing the staffing rota's and times worked, we saw staff were staying the allocated time at people's homes to meet their needs. From the communication logs we saw on occasion when care workers completed their tasks in a shorter time than allocated, they used the extra time to provide social support and engage with the people they supported.

On the majority of occasions we saw there was consistency in the care worker(s) supporting each person and care workers visited people at approximately the same time each day. We identified on occasion care staff had attended people's evening visits earlier than scheduled. We spoke with the senior carer about this who told us they would address this with the individual care workers involved. The provider had checks in place to review any missed or late visits. We saw there had not been any missed visits but on occasion a visit was late. This was usually due to the care staff having to stay late at another person's house because of unforeseen circumstances, and their lateness was communicated to the other people they were supporting that day.

Staff we spoke with confirmed they had sufficient time to meet people's needs and attend the visits, including sufficient time to travel between people's homes. People confirmed they received support from regular care workers providing consistency in the level of support they received. They told us staff were usually on time and rang them if they were going to be late.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to staffing.

At our previous inspection in November 2016 we found the registered manager had not appropriately assessed the risks to people's safety. The risk assessments in place were not tailored to the individuals using the service, and there were not sufficient assessments in place in regards to the risk of falling, related to sensory impairments or in relation to the use of bed rails. We also found that safe medicines management was not in place and care records did not provide staff with accurate and up to date information about people's prescriptions, particularly in regards to support they required with the administration of topical creams.

Since our inspection the registered manager had reviewed the risks to people's safety. Individual risk assessments had been undertaken in relation to moving and handling and medicines management. Instructions were provided to staff about how to manage these risks and provided detailed information about how to use equipment in people's homes to support with safe moving and handling. We also saw that information was provided to care workers about how to protect people's skin integrity and what action staff should take to minimise the risk of people's skin breaking down, however specific pressure ulcer risk assessments had not been undertaken. We spoke with the registered manager about this who said they would ensure this assessment was undertaken to make it clearer to staff the importance of why they undertake certain tasks. Support plans had been updated to reflect the medicines people required and the level of support they required with taking these. This included in regards to the administration of topical creams.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to safe care and treatment.

Is the service effective?

Our findings

At our previous inspection in November 2016 we found some staff were not up to date with the provider's mandatory training and people's relatives had concerns that staff did not have the knowledge and skills to meet people's needs safely. We also found staff were not receiving supervision as regularly as they were meant to.

During this inspection we found that staff had adhered to the provider's mandatory training which enabled them to have the knowledge and skills to undertake their roles. We saw that additional training was provided to individual staff as and when their knowledge needed updating. Staff had completed training in medicines awareness, infection control, pressure ulcers, first aid, food hygiene, dementia and moving and handling. The moving and handling training included specific training on the various equipment people required to enable safe transfers. Staff confirmed that training opportunities had improved and they had completed refresher training courses.

The registered manager was working with the local authority to identify access to regular training courses and they had been put in touch with a local training provider. The training provider was supporting delivery of the provider's mandatory training as well as National Vocational Qualifications at level two and three in health and social care.

The registered manager was now adhering to the supervision policy and delivering supervision to care workers at least every three months. We saw the majority of care workers had received monthly supervision during 2017.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to staffing.

Is the service responsive?

Our findings

At our previous inspection in November 2016 people informed us, that due to changes in the care workers supporting them, they did not receive care tailored to their preferences because the staff did not know them. They also informed us at times staff were not completing all of the required tasks. Care records and support plans did not include detailed information about all of the support people required and had not been updated as people's needs changed, meaning there was a risk that people would not receive the support they required.

During this inspection we found that care records had been updated and provided clear and detailed information to staff about the people they were supporting. This included information about a person's life history, their interests and identified those that were important to them. People's support plans identified how many staff the person required support from, how many visits they had each day and how long these visits were to last. Detailed information was also outlined what support was required at each visit and how this was to be delivered. This included in regards to a person's personal care, support with moving and handling, prevention of pressure ulcers, meal preparation and medicines administration. The support plans were reviewed regularly and updated in line with people's needs. Information was also provided to care workers, via the provider's electronic scheduling system, with reminders about what support was to be provided at each visit so this was easily accessible to staff.

People confirmed they now received consistency in the support provided and their care workers. They said they were happy with the support they received and staff completed all of the tasks required at each visit.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to person-centred care.

Is the service well-led?

Our findings

At our previous inspection in November 2016 we found that sufficient quality assurance processes were not in place. The registered manager had not undertaken regular checks on the quality of support provided, including spot checks as well as audits of care records, risk assessments or support plans. The system to review staff's adherence to call times could not be relied upon and there were no processes in place to record people's and relative's concerns when they informed the management team that staff were not turning up on time. There were no processes in place to record, review and analyse key information including complaints and incidents to enable learning from these.

Since our inspection the registered manager had reinstated a process of regular spot checks on the quality of care provision. This included observing the care provided to people in their homes to ensure it was in line with the person's needs, reviewing the interactions between staff and the person receiving care, and asking the person for feedback about their experiences of the service. We saw that where concerns were raised or improvements were identified the registered manager took appropriate action.

The registered manager had reviewed the quality of care records, including reviewing the quality of recording in daily communication logs. We saw the quality and content of the records kept had improved. The registered manager was working with their newly appointed administrator and the local authority to further improve their systems to review the quality of service provision.

The system in place to record staff's adherence to call times had improved and we saw better accuracy in the recording of the time staff arrived and left people's homes. The registered manager informed us there continued to be some difficulties with the current system and was looking into other options to ensure reliability.

The registered manager had improved processes to capture and review complaints received and any incidents that occurred, so action could be taken where required and lessons could be learnt to prevent reoccurrences.

The provider was now meeting the breach of regulation we identified at our previous inspection in regards to good governance.