Sally and Sarah Care Limited

Sally and Sarah

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 July 2017. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

Sally and Sarah is a domiciliary care agency registered to provide personal care to people in their own home. At the time of our visit there were 16 people using the service.

The service had a registered manager in place. 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.

There was no formal system of audits in place. Because of the low number of people receiving support the provider felt that sufficient oversight was gained without these structured processes. However, we found some errors that would have been picked up if an audit process was in place.

People told us they were supported to take their medicines safely however we found some gaps and errors on medicine records. Following our feedback regarding this steps were taken to minimise the risk of this happening again in future.

Appropriate environmental checks had been carried out on people's homes to ensure health and safety of staff and the people they cared for. Care records included risk assessments based on the individual's care needs. These required more detail to inform staff how best to mitigate risk. We have made a recommendation about this.

People told us they felt safe using the service. The same staff regularly attended calls which meant that people knew who to expect.

The service had policies and procedures in place to safeguard people from abuse. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

People told us staff had the skills and knowledge to provide support to them effectively. Some training was in need of updating and we saw that steps were being taken to address this.

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. Staff had a working

knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff received regular informal support from management but a structured programme of supervision meetings was not in place. Following our visit supervision contracts have been introduced with the aim of meeting with staff every three months.

People were supported to access external health services and the service worked with health professionals to maintain and promote people's health and wellbeing.

Some people were given support to prepare meals and where this was the case any dietary needs were recorded in care records.

People who used the service said that staff were caring and kind. People and their relatives spoke highly of the service and said that it provided high-quality care. Staff were knowledgeable about the people they provided care to and were respectful of people's privacy and dignity.

Care plans detailed people's individual needs and preferences which meant that they received support tailored to their personal needs. People and their relatives were involved in care planning.

The service had clear procedures for dealing with any complaints but a more structured approach to recording these was needed.

Staff described a positive culture that focused on delivering high-quality care, and felt supported by management. The office manager operated an open door policy and regular staff meetings were held.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine records were not always correct. Some medicine administration records contained gaps or errors in information.

Individual risk assessments were not always in place and those that were did not always include sufficient detail on how to mitigate risk.

Staff had received safeguarding training and had knowledge of how to look for signs of abuse and report concerns.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the right skills and knowledge to care for them although some update training was overdue.

Staff had received training on the Mental Capacity Act (2005) and demonstrated an understanding of how to apply this in practice.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People were happy with the level of support they received and felt staff were kind and caring.

Staff knew how to treat people with respect and dignity.

People were encouraged to be independent where possible and given the right level of support when they needed it.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that addressed their support needs but these could be improved with the inclusion of more detail.

People were involved in decisions about their care and how they wished to be supported.

Complaints were being investigated but this was not being appropriately recorded.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There was not a comprehensive system of audits in place. We found errors in some records that a more thorough audit process would have picked up.

Staff spoke positively about the support they received from management.

People who used the service and their relatives knew the management team and found them to be approachable.

Sally and Sarah

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 14 July 2017 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one adult social care inspector and one expert by experience who conducted telephone interviews. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

During the inspection we spoke with two people who used the service and the relatives of five people. We spoke with the two directors of the service, one of whom was the registered manager, the office manager and three care workers. We also received completed questionnaires from a further three care workers.

We received feedback from an NHS long term conditions nurse who had regular contact with the service.

We reviewed the care records of three people who used the service, including medicine administration records (MARs). We looked at four staff files which including recruitment and training records. We also looked a records relating to the management of the service including policies and procedures developed and implemented by the provider.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements for managing people's medicines. Staff who administered medicines had completed up to date training and their competency to administer medicines safely was checked regularly. Medicines records showed some signatures missing from Medicine Administration Records (MAR). We discussed this and it was established that most of the missing entries were when family members had administered medicines. Following our visit MAR charts were updated to include a code for this so that staff could enter this and ensure there were no unexplained gaps. One person's MAR chart included a medicine that was prescribed as 'one to be taken each night' having 'two' written after each staff signature between 1 and 13 July 2017. Following the inspection we were shown evidence that this medicine was prescribed as 'one or two tablets to be taken at night.' The MAR chart was handwritten and had not accurately reflected this information but we were told that staff always cross referenced with the information on the dispensing label. Where creams were prescribed no body maps were in place to show staff where this was to be applied. We fed this back to the manager who told us information on cream application was included in care plans but body maps would be put in place to assist staff and evidence of this was sent to us following our visit. We were also provided with copies new MAR charts that are now to be completed by a senior member of staff under supervision of the manager. The provider responded immediately to the issues we highlighted and we will review how these changes have worked in practice at our next inspection.

Everyone who used the service had a full assessment of their needs carried out prior to the start of their care package. An environmental risk assessment of people's homes was undertaken as part of the initial assessment. We saw that people had individual risk assessments within their care files. Further information was required on how to mitigate risk. For example, we saw a falls risk assessment for one person that merely stated 'uses walking frame'. This information alone was not sufficient to help staff mitigate a risk of falls. This person also suffered food allergies but there was no risk assessment in place to cover this. Although we were informed that all food shopping was done by a family member, staff did prepare some food for this person. Information on what symptoms the person would display and what action to take if the person was to suffer an allergic reaction was not included in the care plan. Following our visit we received copies of new, more detailed, risk assessment documentation that had been introduced by the provider. We recommend that risk assessments are regularly reviewed to ensure staff have sufficient information to help mitigate any risks present.

People and their relatives told us the service kept them safe. One person said, "Yes of course I feel safe." A relative told us, "Yes we feel safe and it stems from the company itself. The carers are friendly and warm."

The provider had an up to date safeguarding policy in place. Staff had all undergone induction training and safeguarding was one of the modules covered within this. Staff demonstrated a knowledge of safeguarding procedures. They were able to describe types of abuse and the signs to look for. One staff member told us, "I would be concerned by a change in a person's personality. If they became withdrawn or depressed. You read it as you see it and I would report any concerns to the on call, to [provider, manager or office manager] and I know they'd deal with it." Another said, "Safeguarding is covered in the induction. It's important to report even the slightest thing if you're concerned." This meant that the service safely managed the risk of

abuse of people they supported.

A whistleblowing policy was also in place and made available to all staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included all relevant contact numbers including police, social services and CQC as well as the office number. One member of staff told us, "I know if I told anyone it wouldn't come back on me, they (provider/manager) would deal with it."

The service monitored accidents and incidents to help keep people safe. Accident forms were completed if there was an incident involving people who used the service or staff.

We looked at the recruitment records of four staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. This minimised the risk of unsuitable staff being employed. These checks included seeking references and completing Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also helps to prevent unsuitable people from working with children and vulnerable adults.

There were sufficient staff to cover all calls. Staff were happy that they had the time necessary to meet people's care needs during calls. The office manager described how staff numbers were dictated by the number of people using the service and their level of need. They told us that new packages would not be taken on unless there were enough trained staff to safely cover the calls.

The service never used agency staff. When staff numbers had dropped earlier in the year the office manager, manager and provider had all covered shifts until new staff were recruited.

Records show there had been no missed calls. Staff text through to the office at the start of their shift the calls they have scheduled to make and these are then checked against the rota to ensure they are accurate. On one occasion a member of staff had misread their rota and had failed to attend a visit but when the error was picked up another member of staff had gone out to attend to the person's care needs. This demonstrated the service was able to work flexibly and had an efficient system in place to ensure all calls were met.

The service did not have a formalised business continuity plan in place when we first requested this. We discussed with the provider and manager what action would be taken in the event of emergency situations such as extreme cold weather, no access to office, high level of staff illness or power failure. Detailed descriptions were given of the actions that would be taken to combat each of these situations demonstrating thought had been given to such eventualities. We discussed the advantages of putting these plans in writing so that anyone could follow them if necessary and a business continuity plan was drafted and in place by the end of the inspection. This meant that people would receive appropriate support in emergency situations.

Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves available to them at all times.

Good

Is the service effective?

Our findings

People told us they thought care staff were sufficiently trained. One person said, "They are trained for my needs, yes. They are very sensible." A relative told us, "They seem to be able to answer all the questions. They know how to give me a lead on my [relative's] condition."

We were shown staff training records and some refresher training was overdue. Supervision records showed that one member of staff had requested dementia training in four of their supervision and appraisal meetings. This was initially raised in January 2016. We saw evidence of completed applications to an external training provider. This included dementia training but no dates had been set for this training at the time of our inspection. The office manager explained the difficulties in sourcing training due to the small numbers of staff the service employs. They found many training providers insist on a minimum number of candidates and this was an ongoing challenge. We were told that staff were allocated to calls according to the person's needs and the staff skills. For example, some staff were overdue manual handling training. The office manager told us that they allocated staff whose training was up to date to any calls where manual handling was required.

If any specialist equipment was needed then this was supplied by the district nurse or occupational therapist and they would also provide staff with the training necessary to use this safely.

New employees completed an induction that included completion of the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were allocated an experienced member of staff as a mentor and shadowed them until they feel confident to work independently.

Spot checks were also carried out to ensure staff were demonstrating the necessary skills and knowledge when delivering care. The office manager made unannounced visits to ensure staff arrived promptly, were wearing the correct uniform and also observed care being delivered.

One member of staff told us, "I feel like the job has been constant training from the start. I am always well supported going in to new situations." Another member of staff told us, "Training is fantastic, I'm really pleased with that. I've just done dementia training and advanced first aid. I'm going through my NVQ."

Staff were supported via supervision meetings and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision paperwork was offered in different formats to suit staff's personal learning and development style. However, records showed that formal supervision meetings were not taking place regularly. The office manager told us they had an open door policy and offered support to staff outside of supervision sessions via informal meetings and discussions. One member of staff told us, "I'd like more official supervision. I get a lot of feedback and support but not formal supervision meetings so I can discuss my progress and personal development." We discussed the importance of ensuring the service had procedures in place to monitor and support staff

performance and the provider told us they would look at introducing a supervision contract with staff to agree on the frequency of supervision sessions. A draft copy of the contract was sent to us following our inspection and in the future supervisions were to be held every three months.

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. We checked whether the service was working within the principles of the MCA. All staff had received an overview of MCA as part of their induction and staff demonstrated an understanding of the basic principles of the Act.

Staff told us they asked permission before offering support and ensured people were supported to make decisions. One staff member told us, "You assume people have capacity but I do look out for signs of confusion. If you are having to prompt people more to do things or they are forgetting things. You have to support people to make their own decisions but if they started to make unwise decisions I would discuss it with them and raise it with [manager and provider]"

The service worked with external professionals to maintain and promote people's health and wellbeing. A long term conditions nurse told us, "When staff encounter any problems or concerns with their clients they contact the supporting health services immediately and liaise effectively regarding their concerns .If we request the agency to liaise with us regarding regular updates for the patient they are keen to engage and interaction with ourselves and other health professionals is of a high standard." Given sufficient notice staff were able to support people to attend hospital appointments.

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care plan. People told us they were happy with the support they received. One relative told us, "Believe me, my [relative] would say so if anything was not to their liking."

Good

Is the service caring?

Our findings

People spoke very positively about the care they received. One person told us, "They're like friends really, I'm nearly 80 and they're lovely. They're good and polite, they wouldn't be employed if they weren't. They (the service) are very discerning." Another person told us, "Whenever they come they always ask how I am and they ask me what I've done during the day."

Relatives we spoke with also told us they were happy with the care their family members received. One relative told us, "I can hear them chatting with [family member] they have a good rapport. They're charming and wonderful." Another relative said, "They're polite and friendly."

Staff were enthusiastic and had a positive approach to their work. One member of staff told us, "It's all the little things, having time to do those little things. The smallest of things can make a difference. People really appreciate it and it's nice to have the time to do it." Another member of staff said, "I finish every day with a smile on my face, they are fantastic people we look after."

We were told that wherever possible the person will regularly be visited by the same care staff. This meant staff could get to know the people they supported and their needs. People and their relatives confirmed this was the case. One relative told us, "There are three that come on a regular basis and if there is staff turnover they will shadow and get introduced first." The office manager told us, "Being a small company it naturally happens that people get the same staff. There are normally only two or three on a team for each person."

We saw a number of thank you cards that had been received from people who used the service or their relatives. One card said 'Thank you for the love and care the girls have given [my relative] over the last twelve months. They are always professional in everything they do.'

Staff we spoke with knew the people they cared for well and gave evidence of how they supported people with privacy, dignity and confidentiality in mind. One person we spoke with told us, "They are all respectful girls."

Staff told us that the service provided a high standard of care. One member of staff told us, "I think this company is great. We really, really care about people and want them to be happy." Another member of staff said, "I think people value the companionship. The sense of not being alone and having people come to visit who not only look after them but take an interest in them."

Staff told us that they would promote people's independence wherever possible. One member of staff said "I will encourage people to do anything they can for themselves. Most people can wash their hands and face for example. I will give pointers and if they ask for help then I'll step in. You get to know people and what they can do. The company really encourages this (promotion of independence)."

None of the people using the service had, or needed an advocate at the time of our visit but the service had details of local advocacy services and people had been supported to access them in the past. An advocate is

someone who supports a person so that their views are heard and their rights are upheld.

None of the people using the service were on an end of life pathway at the time of our inspection. Six staff had enrolled on end of life training course and the office manager had completed an end of life course for managers.

Good

Is the service responsive?

Our findings

People were involved in care planning and review. One person told us, "[Office manager] comes to update and review the care plan with me and my daughter." A relative told us, "We have a meeting so we can review the care plan. They are friendly and professional and we work together."

Care plans were easy to follow and contained information about areas where support from staff was required. Information about how this support was to be delivered was clearly documented and most plans contained person centred details such as likes and preferences. Some care plans could be improved by the inclusion of greater detail to give staff more insight into the person's health and care needs. We discussed this with the manager who said some people were reluctant to have files containing a high level of personal information in their home but they would look at ways to address this.

Staff told us that they found the care plans contained all the information necessary to deliver care to people. One member of staff told us, "The care plans are dead easy to follow. All the basics are there."

Regular reviews were undertaken and plans updated accordingly. A member of staff told us, "If there are any change to people's needs management liaise with clients and their families to decide on a new care plan. We are informed when things have been decided."

Staff told us how they offered choice and personalised care. One member of staff said, "I help people choose what they want to wear or to eat. I find that some people find it easier if they are given a small number of options to choose from. It avoids confusion." Another member of staff told us, "We get to know the clients and find out what's important to them. For example, one of our clients likes their make-up applied and hair done each day."

A communication sheet was kept in each person's care file. We saw that this was used by both care staff and relatives as a way of communicating between visits. A relative told us, "The file is in the house and staff make notes in it if there are any changes."

The service had a complaints procedure in place and a copy within people's care files so they could access it at any time. People were aware of how to complain if they wished to. One person told us, "Personally I have no complaints but if I had to I'd go straight to [provider and manager]." A relative told us, "I would ring up [manager and provider]. They are very reassuring."

One complaint had been received in the last twelve months and the provider told us how this had been addressed. Although we were given notes regarding the investigation into the complaint the action taken was not formally documented. The provider told us that in future they would ensure more comprehensive records would be kept.

Requires Improvement

Is the service well-led?

Our findings

Although some quality assurance checks were being done, a comprehensive programme of audits was not in place at the time of our inspection. Whilst we were informed that due to the small nature of the service a good oversight was achieved on a day to day basis we did find errors in some of the records that an audit process would have picked up. For example, issues with medicines records and failure to assess risk appropriately. We were informed that medicines audits would be introduced with immediate effect and following our visit we have been sent evidence that these have begun. The ongoing implementation of these audits will be reviewed at our next inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014: Good governance.
No formal satisfaction surveys were conducted but feedback was sought from people on a six-monthly basis when management undertook a care plan review.

We asked people and their relatives about the management of the service. People knew the names of the provider, registered manager and office manager. One person told us, "It's very well run. They have good staff and it's a good service." Another person said, "They're very approachable." A relative told us, "[Office manager] – we love her to bits."

Staff spoke positively about the culture and values of the service. One member of staff told us, "We do all of the little things for our clients and have enough time during our visits to do this. For example we may be there to assist with a shower but have time to help by watering the plant whilst we're there. It makes their lives a little easier." Another member of staff told us, "Everyone really cares about the clients and is happy to go the extra mile for them." Another said, "One good thing about the service is the commitment to the clients."

The provider spoke highly about the office manager. They told us that they felt the addition of this member of staff had significantly improved the administration and the management structure of the organisation. They told us, "We know the difference [office manager] has made to the service. Any issues staff have are initially raised with [office manager] but they can now be escalated to me or [registered manager]. The office manager was supported in the day to day management of the service by the provider and registered manager and there was evidently a good working relationship between them.

Changes had recently been implemented to improve working conditions for staff. The provider told us, "Staff hours have now improved. We have increased wages and mileage. Working shifts earlier in the year was really good for us. It made us realise the difference things like road works and traffic lights can make. I think it has made for a much happier more settled staff team."

A new initiative was being introduced to help staff cope when a person died. The office manager explained that they had initially invited staff to bereavement meetings but staff were reluctant to engage. After completing their end of life training for managers they were now holding 'Remember Me' sessions. These

were not so formal and were a way of helping staff discuss what they were finding difficult and also focus on positive memories of a person. One member of staff told us, "When someone dies they always make sure we're alright. I was really worried before the first session but it was really positive."

Staff meetings took place monthly. The office manager told us that two sessions were held at different times to ensure that all staff could attend. Meetings were added to staff rotas to ensure attendance but if they were missed then a one to one session was offered. Minutes from meetings showed that they were used as a forum to share information on people who used the service, training, staff changes and any other issues that staff wanted to discuss. This meant that staff felt supported by the service and had opportunity to give feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system of audits in place to assess and monitor the service. Comprehensive records were not always being kept.