

Sarah Cares (Bath) Limited

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## Inspection report

2 River Street Place  
Bath  
Avon  
BA1 2RS

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22 January 2018

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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

We undertook this inspection of Sarah Cares on 23 and 24 January 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection.

The service was registered to provide a regulated activity with the Care Quality Commission in November 2016. This was the service's first inspection since registering and had not been previously rated.

Sarah Cares provides personal care and support to older people in their own homes in the Bath area. At the time of our inspection there were 34 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. 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.

People felt respected and listened to and were complimentary about both the registered manager and the care staff.

People received their visits from a consistent staff team and staff and the management knew people well.

People were cared for safely because staff understood how to keep people safe and when to notify the provider, health professionals or relatives about any concerns.

Staff knew people well and had developed caring relationships. People felt safe with staff and trusted them to deliver the care they needed in a way they preferred.

People were confident that care staff would arrive on time and would be somebody they knew. Everybody using the service knew the registered manager and had confidence in her.

People were supported by staff who had checks carried out prior to starting their employment. This ensured that staff were suitable to work with people in their own homes.

Staff felt supported and received training, supervisions and an annual appraisal to enable them to fulfil their role.

People were supported with the nutrition and hydration and when required staff made referrals when people's needs changed.

The provider had systems in place to check the quality of the service. They identified any shortfalls and

made changes to prevent these happening again. There was a comprehensive monitoring system in place to make sure the agency was meeting the high standards set by the provider.

## 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

People were cared for by staff who were trained, experienced and competent. Staff had undergone recruitment checks and underwent spot checks.

Staff knew how to identify and report safeguarding concerns.

People's medicines were managed safely.

The provider learnt when things went wrong and made improvements to prevent this happening again.

### Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed before any care was provided.

The provider ensured people had consistent staff who were trained and experienced. People were confident that staff knew how to deliver their care.

Staff understood the Mental Capacity Act (2005) and the provider checked any powers of attorney were legal.

### Is the service caring?

Good 

The service was caring.

People and their relatives were very complimentary about both the provider and the care staff.

Staff protected people's privacy and dignity and people told us they felt cared for and respected.

People were confident they would be listened to and told us they felt relaxed in the company of staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People using the service had care delivered that met their assessed needs and preferences.

People told us staff made sure care was delivered in the way they preferred.

People told us they knew how to complain but had not needed to. Everybody knew the registered manager and had regular contact with her and was confident they would be listened to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider had a clear vision of how the service should be provided and ensured the service was delivered in line with this.

Staff morale was high with staff feeling valued and supported.

The provider had systems in place to ensure the agency continued to deliver high quality care.

# Sarah Cares (Bath) Ltd

## 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 23 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small 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 registered manager is also a director of the provider organisation.

We visited the office location on 23 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We ended on 24 January 2018 with interviews with care staff and telephone interviews with people using the service.

The inspection team comprised two adult social care inspectors 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.

This was the first full comprehensive inspection. Before the inspection we had not requested 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 also reviewed information we had received from the service including notifications.

During the inspection we spoke with the provider's representative who is also the registered manager and referred to throughout this report. We spoke with three care staff and made phone calls to 11 people and three relatives to gain their views about the service. We requested copies of the provider's policies and procedures. We also looked at a selection of records which related to individual care and running of the service. These included seven care and support plans, four Medicines Administration Records (MARs) and records relating to the quality monitoring within the service.

## Is the service safe?

### Our findings

People felt safe and confident with the staff providing their care. One person told us, "The carer is a very caring person and we have total trust in her." Another person said, "Yes, very safe. A relative told us, "They know our expectations and I feel safe when they are at our property. They are trustworthy." All of the 18 people who completed the registered manager's quality questionnaire confirmed feeling safe, with 16 of these people giving the question the maximum score possible.

People could be confident that sufficient numbers of staff were available to cover calls every day. Each member of staff had a contracted number of hours and a rota of calls. This meant they visited the same people at the same time every week. People told us, "It's the same carer except when she's away". Another person told us, "It's usually regular carers. There's about three that come around." A third person said, "They are always very punctual". We were also told, "On the very rare occasion they can be either late or early, but it doesn't affect me. They do telephone me." The registered manager employed additional staff before taking on more people's care. This meant there were always enough staff to cover the work.

The registered manager ensured that people using the service had consistent members of staff providing care. In addition staff were paid travel time between visits and had this planned into their rota. This meant people were confident their care would be delivered by a staff member they had an ongoing relationship with. The registered manager was uncompromising about the timing of visits. Staff were expected to be on time. Staff or the registered manager called people if there was to be any delay, such as roadworks or traffic congestion. The deputy manager told us, "Clients are paying for the service and should always get the full time they have paid for, on time and without being rushed or hurried. Working in this way means staff are not pressured to be getting to the next call as they have plenty of time." Staff told us, "Travel time is considered. People are always notified if we are late." The registered manager told us people were so accustomed to staff being on time they would call the office if staff were five minutes late. We asked people about timekeeping and were told by one person, "Mostly on time. If they are going to be late they will phone up. They are excellent at time keeping." Another person said, "They can be a few minutes late. It's terribly difficult to find somewhere here to park. She's never been very late."

People received a service from staff who were suitable to care for people in their own homes. Staff underwent checks before being employed by the service. The registered manager had a checklist which ensured all steps of their recruitment process were fully completed before new staff started. Staff files contained photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. Three staff had not had their change of name verified. The registered manager sent us this information following the inspection. The registered manager said this would now be included on the checklist to complete where appropriate. People felt confident about the registered manager's recruitment checks. One person said, "They are a lovely lot of ladies. [Registered Manager] vets them very thoroughly."

The registered manager's recruitment process reflected the ethos of the organisation. The registered manager's statement of purpose said the service aimed to, "Be flexible, efficient and ensure care staff are trained, competent and fully aware of their responsibilities". This meant that the process sourced skilled, experienced and reliable staff members. The service invested in staff and had a high retention of staff members which meant people received a consistent service by staff who knew them well. One staff member said, "There is a big difference having regular clients. You notice the changes, you know everything you should do." A person using the service said, "In the beginning I had a different lady and she did not do it [the personal care] properly. I only had her once, at the beginning. I spoke to the agency to get the carer changed." A second person told us, "She's obviously very experienced. She's [carer] a very understanding person."

People were protected from the risk of harm or abuse. The provider had a clear safeguarding policy which all staff had read and understood. Staff had received safeguarding training as part of their induction. The policy clearly set out what constituted abuse and actions staff should take if they had concerns. The registered manager was the member of staff identified in the policy as responsible for safeguarding. Records demonstrated the registered manager had contacted the local authority adult safeguarding team when a concern had been raised.

The registered manager identified risks to people and put plans in place to manage those concerns. One person was supported to attend a day centre. The registered manager had made sure staff knew how to support them to reduce the risk of falling whilst going out to the car. Another person had not been looking after themselves. The registered manager had contacted the local authority safeguarding team to alert them that the person was at risk.

Staff knew what to do if they were worried about somebody. They called staff in the office who recorded the information and took action. The registered manager made sure family members or the person's GP were informed if necessary.

People received their medicines safely and at the time they needed them. People's care records identified if they needed support with medicines. Each person had a Medicine Administration Record (MAR) which had contained their date of birth, GP details and the medicines they received. People's care records identified if they had any allergies and how they preferred to take their medicines. However, this was not included on the MAR. The registered manager said this information would be included on the MAR in future. People's care records listed their medicines with the time to be taken, frequency and dose. The registered manager carried out medicines observation assessments which checked staff were completing this in practice. The registered manager carried out medicine audits and took action as a result of any identified shortfall. We asked people about their medicines and they told us, "They always get them out [tablets]. Always wear gloves, and give me a glass of water." Another person told us, "I have to put in eye drops. She will do that for me." The registered manager had introduced competency assessments for staff in medicines. Staff members were observed and monitored to ensure their skills and knowledge was at the required standard. Constructive feedback was given to staff to support their development.

Systems were in place to protect people and staff from the risks of cross infection. Staff received training in infection control. This enabled staff to know how to control and prevent the spread of infection. The registered manager ensured that staff always had gloves and hand-wash available. Staff always wore disposable protective equipment such as gloves and aprons when delivering care to ensure they minimised the risk of passing on infection. One relative told us, "I have seen them using gloves." One person told us, "I do notice she has rubber gloves on". Another person said, "They usually have gloves."

The provider learnt when things went wrong and made improvements. Staff reported all incidents to the registered manager. Since 2016 four missed calls had been recorded. For each missed call the registered manager had identified the problem and improved the system to prevent it from happening again. For example one missed call had been as a result of not updating a care staff's annual leave. The registered manager now checked with staff at the end of every month about upcoming leave. This meant they could check leave was always covered.

The service had systems in place to make sure staff were safe whilst working. Where a risk to staff had been identified the registered manager had put guidance in place so staff knew what to do to keep themselves safe.

The registered manager had a business continuity plan in place for bad weather to ensure calls to people were not disrupted. People using the service had been divided into zones based on their address so that, if staff were unable to travel due to snow, for example, they would be allocated work within walking distance. The registered manager had identified which people had critical visits so that they would be prioritised

## Is the service effective?

### Our findings

People were supported by regular staff who knew people well and were able to act on any changes in their health and well-being. We saw numerous examples of staff identifying a potential health issue. Staff notified the office staff who always took action such as contacting the GP, district nurse and family members. These were followed up if health professionals did not visit as requested. One person told us, "I have several different carers, but I have got to know them quite well. I get on with all of them. They are all very kind and very respectful, and they do their job very well."

Staff were supported to carry out their role through the provision of training and supervision. An induction was in place for new staff members. The induction consisted of core training such as safeguarding adults, infection control, medicines administration and manual handling. Staff were introduced to the organisation's policies, procedures and the values of the service. Staff shadowed a more experienced member of staff for a minimum of five days. This ensured that staff had met people before they began providing care and support for them. Staff spoke positively about the induction process. One staff member said, "The induction pack is good. I shadowed other staff members. After the induction I felt quite happy to go out on my own." The provider's induction process was aligned with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Staff received ongoing training in areas such as medicines management and the Mental Capacity Act (MCA) 2005. The registered manager had reviewed the training provided to staff. Their plan for 2018 highlighted how training was going to be developed. A new member of staff was a trainer for manual handling and would be delivering this to colleagues. Training about safe lone working and refreshers in training previously received was planned. One staff member said, "Expectations are made clear to staff about training."

The registered manager facilitated and encouraged staff members to access formal qualifications in health and social care. Staff spoke positively about this. Staff told us the registered manager invested in them by developing their skills and knowledge. One staff member had asked for training in dementia care which was arranged promptly by the registered manager. The staff member had then become the dementia champion within the organisation. Therefore they could share their knowledge and skills to support other staff members in their work practice with people.

Staff received regular supervision and an annual appraisal. Supervision is where staff meet one to one with their line manager to monitor and review their development and performance. New staff members were supervised more frequently to ensure they had support settling into their role. Supervision records demonstrated that areas such as training, absence and people staff were supporting were discussed. Staff were able to reflect on their work practice. Areas staff highlighted or ideas staff suggested to improve the care and support people received were welcomed and encouraged. Changes and actions from these were discussed with people, to see if this would benefit them. For example, for one person a change in the timing of staff visits had been discussed and implemented with them. This had led to better support for the person with their nutritional needs and prevented them from losing weight. Supervision records showed that staff

were praised and thanked for their contribution to the organisation. This supported staff in feeling valued and promoted a positive staff culture. One staff member said, "The management team is very supportive. I get feedback. I feel very valued."

The registered manager carried out spot checks on staff to monitor and support their work in people's home. A senior member of staff would wait for staff at one of their care visits and check they were smart and clean, wearing the correct uniform and had their identity badge. If improvements were needed an action plan was developed for the member of staff.

Care staff made sure people had enough to eat and drink. One member of staff was concerned that a person was losing weight. They contacted the registered manager and asked if, during their lunchtime visit they could cook a meal for the person. They said that this would be better for them than a microwave meal. Another member of staff delivered a Christmas dinner to a person who lived alone. Staff also recorded that they had ensured people had received food and drink before they left them.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff told us, and people we spoke with confirmed, that they always checked consent before providing any care. People replied, "Yes", and, "they ask if it's alright to come in", when we asked if staff always asked for consent. We were told staff did not do anything without asking. Some people's relatives had Lasting Power of Attorney which gave them the legal right to take financial decisions in their relative's best interests. The registered manager had checked this with the Court of Protection and had a copy of this in the person's records in the office. This meant the registered manager was sure they were acting within the law.

## Is the service caring?

### Our findings

People and their relatives were very complimentary about the service and told us they were treated by staff who were kind and respectful. Comments included, "They are very well trained and very kind at looking after me. Another person told us, And we talk too. We can talk about anything." A third person said, "I would not want anybody else. We are on the same wave length and I am not a bit worried about being in the shower with her." A fourth person said, "They are very well trained and very kind at looking after me. They are all very kind and very respectful, and they do their job very well." One relative told us, "my mum is very comfortable with them." Another relative said, "I have been very impressed with Sarah Cares. What they do is very good for him."

Whilst in the office we overheard a conversation between a member of the care staff and the registered manager. The member of staff was concerned that the person they had just visited needed new slippers. We noted the conversation focused on how the member of staff could find the time to buy the slippers between their calls. One person told us, "[Manager] goes the extra mile."

Other comments included, "Very kind. She's out-going. We talk about things as we are doing things together. I am never awkward with her at all. She tells me about her family." Another person said, "They are very thoughtful."

The registered manager carried out regular checks on the care delivered. For example visiting people after the care staff had left to check that everything was in order. "I think so. [Manager] phones from time to time and asks 'are you happy, is there anything else you need us to do'. She told me how nice it is to visit my father."

People were confident they would be respected and listened to. People we spoke with told us, "They don't do anything without my permission. It's a very friendly atmosphere and I get on very well with the girls." Another person said, I quickly say what I want. Yesterday I had a girl who was comparatively new and she said 'will you let me know what you would like me to do?' Whilst a third person told us, "My wishes are respected."

The deputy manager told us, "We discussed with staff how it is difficult for people to sometimes accept support and what a big step it is allowing an organisation into your home to help you." They explained how if people were able to accept help it could promote their independence and autonomy. They told us the staff were aware of this and worked to make it a positive experience for people.

People felt their choice, privacy and dignity was respected and promoted. We were told, "I feel comfortable with them." and, "They like to know what bits I want to wash and which ones they need to wash." Another person told us, "They often say 'is that alright?'."

Staff were able to tell us how they promoted people's privacy and dignity, for example by always making sure that curtains and doors were closed. People told us, "Yes, they do [maintain dignity]. If I go to the loo

they are outside.". I have a key box outside and they let themselves in and shout out." "They give me towels at the right moment and they allow me to do my private parts – they are out of the way for that. They are very sensible." "One of the ladies, she does my top half, back and front and then she says 'I will let you do your bits and pieces'."

The provider's statement of purpose stated the service aimed to, "Place a strong emphasis on ensuring clients' needs and values are respected in relation to their beliefs, values and diversity." People we spoke with felt their values and individuality were respected.

## Is the service responsive?

### Our findings

The registered manager carried out an assessment of people's needs when they were taken on by the agency. This meant people could tell the registered manager what care they needed and their preferences. The registered manager did not take on care for anybody new unless they were sure they could provide the care the person needed at the time and in the way they wished. One person told us, "There was an assessment done in the beginning. They don't rush you. I am very pleased with them."

People had care plans based on their assessed needs. The registered manager visited everybody and carried out a comprehensive assessment which was used to develop their care plan. The registered manager called every new person after their first care visit to check that it had gone well. All of the people who responded to the provider's survey agreed their care plan reflected their needs. One person told us, "Yes, [registered manager] was here and we discussed what I was going to have and what I needed." Another said, "They ask, 'what do you need doing today?'."

The registered manager explained they tried to match staff with peoples' requirements. For example if a person wished to receive support from a specific member of staff they were allocated their preference. One person told us, "That's why I moved to Sarah Cares because I was getting some male carers and I didn't want to be washed by male carers." Another person said, "I have a shower and I would not care for a male." A relative said, "I did ask 'do you have male carers?', but it's gone very well because he has bonded with [carer]." The registered manager told us they were in the process of recruiting a male carer and thought this would be good for men using the service to have this choice.

The registered manager carried out regular reviews of peoples' care. Care plans were current and up to date. As part of the review the registered manager checked that people received care in the way they liked. Staff sometimes found they could not meet someone's need in the time allotted for the visit. Staff informed the registered manager if this happened as it could potentially make them late for their next visit. Records showed the registered manager was proactive in contacting people or their relatives if more time was needed on a care visit. People said, "She [registered manager] has told us very often, you have got my number. Just ring up and I will come and help."

One person had complex needs and limited communication. The person's relative confirmed staff always shadowed so they were familiar with the person before they worked with them alone. The registered manager explained the person liked things done in a specific way and it was important staff knew this. Their relative told us, "They are wonderful ladies. I find communication very easy with them. I am happy with them."

People told us staff had enough time to deliver their care, "To do what she has to do, yes. She sails through it. She is not rushed." Another person said, "Sometimes they may not be able to. They don't leave out anything important. They try their best to do everything. I never time them."

The registered manager had clear criteria for the number of different staff who visited each person. This

meant staff developed a relationship with the person and they would not be visited by unfamiliar staff. The registered manager ensured that people had a core group of staff who delivered their care regularly which ensured cover for annual leave and staff sickness. The registered manager showed us their monitoring system which demonstrated people with small care packages saw a maximum of five different staff a month. People who received several visits a day usually saw a maximum of 11 different staff over a month.

People were confident their concerns and complaints would be listened to. We asked people if they knew how to complain about the service and were told, "I would get in touch with [manager] herself, but up to now everything has been very good." A second person said, "Yes, the contract tells you what you can do." A third person commented, "Yes, I think so. I would ring [manager], but I haven't had any complaints and can't see any in the foreseeable future if they carry on the way they are." A fourth person said, "I don't know. We receive so many letters and instructions from so many places. I would go straight to [manager]."

## Is the service well-led?

### Our findings

The service had been planned to ensure a good quality service could be provided. The provider had carried out research before setting up the service and identified areas that could be problematic in home care services. They had focussed on continuity of care staff, staff retention, communication and timeliness of visits. The provider had produced a statement of purpose which set out the aims and objectives of the service. This emphasised person centred care, promoting independence, trust and choice. There was a comprehensive monitoring system in place to make sure the agency was meeting the high standards set by the provider. The registered manager's quality assurance records demonstrated they were succeeding in these areas. This meant people were confident their care would be delivered at the specified time, by staff they knew, in a way they preferred.

The registered manager and deputy knew people and their needs well. The focus on the quality of care delivered had resulted in both people using the service and staff feeling very positive. The registered manager did not accept any referrals if the agency did not have the resources to provide the care package at the required times.

The registered manager had systems in place to monitor the number of care staff each person saw within a month to ensure consistency and the development of a supportive relationship between staff and the people they supported.

Staff we spoke with told us their morale was high. Comments from the anonymous staff survey included, "I have never felt more supported and happy at work". A second member of staff said, "Working for Sarah Cares has been an absolute pleasure. My confidence has grown in my work as we are given support any time it is needed. Communication within the team is brilliant." There were no negative comments.

People were encouraged to give regular feedback about the service and the registered manager took action if needed. For example, on the annual questionnaire the registered manager followed up any comments people had made. We were told, "I can't see to do a questionnaire, but [manager] always asks, Is everything alright?" Another person told us, "I have had a questionnaire. There's nothing I needed changing." A third person said, "We have a chat about once a month."

The registered manager also carried out spot checks following care visits where a senior member of staff checked how the visit had gone and the quality of the care files.

Staff were encouraged to discuss any problems or improvements, although staff we spoke with could not think of anything they would change. Where staff had experienced difficulties records confirmed the problems had been discussed and actions taken. Staff reported difficulties parking near the office, in response to this the registered manager purchased an additional permit. Staff told us, "The management team is very supportive. I get feedback. I feel very valued." The staff survey conducted by the provider scored 4.89 out of a possible total score of 5 overall. This rating scored as, 'This is a very positive response, and shows the agency in a good light overall'.

Staff meetings were held monthly. Staff had the opportunity to discuss the needs of people they supported and other relevant issues. The registered manager used these meetings as an opportunity to update staff on any changes within the service.

The registered manager had systems in place to record all communication with care staff, relatives and health professionals. Records showed any necessary follow up was carried out.

The provider had a plan in place to expand the service. Currently calls and the on-call were available until 8pm. There were plans to increase the service to provide later calls. The registered manager told us they needed to employ more staff before they expanded the agency.

We had not yet received any notifications from the agency. The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home.