

San Damiano Corporation Ltd

SD Care Agency

Inspection report

54 Chertsey Street
Guildford
Surrey
GU1 4HD

Tel: 01483662910
Website: www.sdcare.co.uk

Date of inspection visit:
26 November 2018
27 November 2018

Date of publication:
27 December 2018

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

What life is like for people using this service:

People who received care from SD Agency told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "I like the agency. They are very attentive. They haven't missed any visits in four years with me." People were supported to continue living at home in a way that enabled them to be as independent as possible.

Staff were trained and supported to be effective carers in a collaborative team. Where needed, staff were quick to support people to have access to health care professionals such as occupational therapists or, when necessary, emergency services. One relative told us, "We would recommend SD Care Agency to anyone requiring an efficient and competent care agency."

People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

Care plans were created with people and relatives to ensure they were person centred and tailored to peoples' needs and routines.

The service was well managed by a supportive and progressive management team. People, staff and relatives were involved in helping the service improve.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection:

Requires Improvement (February 2018).

About the service:

SD Care Agency is a domiciliary care agency that was providing personal care to 30 people aged 65 and over at the time of the inspection.

Why we inspected:

This was a scheduled inspection based on the previous rating. We inspect all services rated as 'Requires improvement' every 12 months to ensure that we regularly monitor and review the quality and safety of the service people receive. At the last inspection we found that safeguarding incidents had not always been referred to the local authority or CQC. We also found that some visits had been missed and quality assurance checks were not effective or robust. We saw that improvements had been made to the service people received since our last inspection. At this inspection we found safeguarding or accidents and incidents were being escalated and sent as notifications to CQC and the local authority. Visits were not being missed by staff and quality assurance checks were effective at driving improvement and ensuring high

standards.

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 ●

SD Care Agency

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

SD Care Agency is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 26 November 2018 and ended on 30 November 2018.

What we did before the inspection:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited the office location on 26 November 2018 to see the manager and office staff; and to review care records and policies and procedures. We reviewed six people's care records, three

staff files around staff recruitment, training and supervision. Records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also reviewed.

After the inspection we conducted telephone interviews with seven people, seven relatives and six staff members. We also visited two people and their relatives at their homes.

Following the inspection the registered manager sent us evidence to demonstrate compliance with the Mental Capacity Act, up to date reviews of end of life care and copies of the new care plan format being implemented on the digital system.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in November 2017 we rated this Key Question as 'Requires Improvement'. This was because the registered manager had not referred safeguarding concerns to the local authority. At this inspection we found that the service had improved and people were safe and protected from avoidable harm. Legal requirements were met. We rated this Key Question as 'Good'.

Systems and processes

- Systems were being followed to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. Safeguarding concerns were being appropriately reported to the local authority and CQC.
- People were protected from the risk abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I was aware of abuse happening then I would contact the police or the CQC immediately."
- People told us they felt safe using the service. One person said, "They are good. They never miss any visits. I feel very safe with them."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments had been completed for every person using the service which considered personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks.
- For one person their risk assessment had picked up on the need for furniture to be moved to allow space for their hoist, the need for a gas engineer to ensure the safety of the gas fire and the need for an occupational therapist to profile the person's bed for bed rails. These recommendations had been acted upon.
- One relative told us, "At the first visit they assessed the risk present with my wife and my home."
- There were detailed and appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing levels

- People were cared for by suitable staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.
- There had been no missed visits and people told us that staff were punctual. This was because there were sufficient staff members to complete the arranged visits for the agency. One person said, "They never miss any visits. They haven't missed any yet for 6 months." One staff member told us, "The agency has enough staff. They have plenty of people to complete visits."

Using medicines safely

- Although the majority of people managed their own medicines, where staff were required to assist some people with their medicines, this was done safely by staff. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps in administration.
- Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were knowledgeable of how to prevent the risk of infection. One staff member said, "I always wash my hands before and after carrying out care." We observed staff wore aprons and gloves when preparing food or carrying out personal care.
- One relative told us, "They always wear overshoes, gloves and aprons when caring for my wife."

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, when a person had fallen over, this had been recorded in detail and followed up with an occupational therapist to ensure correct mobility support and that the right equipment was in place to prevent reoccurrences.
- In the event of bad weather or a major incident the provider had a contingency plan in place that accounted for fire, flood, staff sickness or road works.

Is the service effective?

Our findings

Effective – this means 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 in November 2017, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. People's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. Every person had received a detailed pre- admission assessment which had covered their care needs and support required. The pre- admission assessment looked at health issues, mobility, vision, diet, hearing, mental capacity, medicines, body maps/skin integrity and current condition. One person told us, "They carry out general care four times a day and the routine is well known to them. They do exactly what we need them to do."

Staff skills, knowledge and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "I think my carer knows what shes doing."
- Staff had received training in areas such as moving and handling, medicines, wound care, mental capacity, safeguarding, food hygiene, first aid and others. Staff were being supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Staff were supported by regular supervisions and annual appraisals which looked at records, punctuality, feedback, training and support.
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided.

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us that staff were good at listening to people's requests and preparing them what they wanted to eat or drink. One person told us, "They cook my meals for me. I have no complaints whatsoever. They ask me what I want and they cook it."

Staff providing consistent, effective, timely care

- People were proactively supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "My wife has a catheter. It was dislodged and the carers helped me immediately to contact a nurse to come and correct it."
- People and relatives told us that they received comprehensive care that was consistent from all staff and collaborated with other healthcare professionals. We saw records of correspondence between the agency and various other healthcare professionals such as occupational therapists, district nurses and GPs.

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at their home.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "We should check people have capacity every time we have an assessment. We also have to make sure we work with the five principles of the MCA. We always have to assume everyone has capacity."
- Mental capacity assessments had been completed where appropriate with specific decisions considered by senior staff. Following this assessment staff had also completed best interest decisions. Where a relative or partner had lasting power of attorney, the registered manager substantiated this following the inspection by requesting documentation to evidence this position.
- One relative told us, "They routinely ask my wife if she is happy with what they are doing and if she consents."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in November 2017, we rated this Key Question as 'Requires Improvement'. This was because staff were late to arrive at visits or came at the wrong time. At this inspection we found that the service had improved and we received no negative feedback about visit times. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness, respect and compassion by staff. One person said, "I have not had any missed visits or late visits. If something comes up then they call me and tell me about it. They are good at letting me know."
- One person told us, "She's (Staff) very caring, she worries about me. She's very attentive with me." A relative said, "They have a good rapport with my mum." A second relative told us, "They do what they can, where they can. They both (Staff) treat mum with the utmost respect. I couldn't fault them, they are absolutely marvellous." A third relative said, "My husband said they are very gentle and kind with him. I have no complaints at all."

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

- People are supported to express their views consistently by staff and the registered manager. Every person we spoke to was able to describe how they had met with senior managers and care staff at the start of their care package to arrange their care plan and routine.
- One person told us, "I was involved in arranging my care plan. They come out to ask me how I am getting on with my carer. This is with the managers." A second person said, "The routine is well known to them (Staff). They do exactly what we need them to do."

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff closed people's curtains before providing personal care and spoke with people in a friendly manner throughout the visits.
- One person told us, "They leave the room when I need them to give me privacy" A second person told us, "They are good at making sure I have privacy. I don't like people in my space but my carer is very good at working with me to ensure I am happy with my dignity."
- Peoples independence was respected and promoted. One staff member told us, "We encourage them to be as independent as possible."
- One person told us, "She (Staff) is good at helping me to be as independent as possible. In little ways she supports me to do as much as I can for myself."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection in November 2017, we rated this Key Question as 'Good'. At this inspection we found that the same level of responsiveness had continued. People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person.
- There were detailed care plans in place that outlined peoples' care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility.
- Staff attended one person's home and knew exactly how to position furniture so that they could safely and carefully hoist the person and carry out care. This was done in line with the person's care plan.
- Care plans were kept at people's houses with easy to access information for anyone who needed to understand or obtain information about the person's preferences. At the time of the inspection the service was upgrading their care plans to a digital system which enabled greater consistency and easier reviewing or updating.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one person's home when we visited them.
- Complaints had been recorded, responded to and completed with follow up actions and or outcomes. For example, where one person had complained and requested changes to their times and frequency of visits, the visits had been changed and updated to reflect their wishes.
- One person told us, "I would call the agency and complain if I wasn't happy. I haven't done this yet as its been fine. The carers we have had now are fine."

End of life care and support

- Everyone using the service had been issued a form to discuss how they would like to receive end of life care. At the time of the inspection the service was providing care for five people who were receiving palliative care. The majority of these people had chosen not to respond to these forms as they were living at home with their relatives or partners.
- Staff were aware of people's preferences and choices in regards to how they wanted to be cared for towards the end of their lives and they worked sensitively with partners and relatives to provide this.
- The end of life form enabled people to state their personal preferences for their end of life care in relation to spiritual wishes, specific wishes, arrangements and medical decisions.

Is the service well-led?

Our findings

Well-Led – this means 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 in November 2017, we rated this Key Question as 'Requires Improvement'. This was because the registered manager had failed to notify CQC of incidents and/or accidents that had occurred. At this inspection we found that the service had improved and the registered manager had correctly notified CQC of any notifiable incidents. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were supported by a well-managed service which promoted person centred care. Staff worked as a team, were happy in their work and were supported by fair and approachable management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- One staff member told us, "The managers are fantastic people to work with. They do and respond to everything I ask them for." A second staff member said, "The managers and office staff are good at making sure people are safe and staff are happy. They are always there to help you."
- The registered manager was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The governance framework was effective at driving improvements at the service. The service had run a detailed audit which enabled quality assurance to be considered in all areas of the service. For example, the audit had advised that conversations with safeguarding were recorded to ensure accurate records. It also highlighted the need to clearly demonstrate where lessons had been learned in processes such as spot checks. Both points had been implemented as a result of the audits.

Engaging and involving people using the service, the public and staff

- People, relatives and staff were asked for their views about the agency via satisfaction surveys. Senior managers met with people frequently to complete spot checks or obtain feedback about the service. Staff meetings were held to enable staff to contribute their thoughts and experiences. The most recent feedback results showed that people were happy with the service they were receiving. One quote stated, "The agency was quick to respond and address our concerns with my wife. The lead female carer is very confident and is following instructions given by the office. We are happy."
- One relative told us "We have met the manager and a supervisor. They came round at the beginning. They introduced themselves. It was good. They have exceeded my expectations." A second relative told us, "They

are good at updating me and keeping me notified of changes"

- One staff member told us, "We had a staff meeting about two weeks ago. It was very good. The manager and supervisor were both present. I gave feedback on my clients. I have a client who needed a special piece of equipment. The next day we had it in place for that client. They are very fast to react to anything we ask for."
- One person told us, "I gave them positive feedback recently." Another person said, "They (management) always ask me if I am happy and how am I getting on with my care etc."

Continuous learning and improving care

- The registered manager had a credible strategy for improvements at the service. This included proactively sending staff to training for various areas such as dementia and English language classes. Staff were encouraged to pursue qualifications such as national vocational qualifications. The registered manager was also working to implement a new digital care plan system.
- One staff member told us, "The registered manager is good at taking on advice and feedback. I suggested that we implement a new information note which we can complete over the phone or on the spot. The registered manager implemented it immediately. This enables us to take on feedback quickly and easily."

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with Guildford locality team, NHS continuing care, Care Home Selection, Milford Hospital Rehabilitation and a further rehabilitation service in Ascot. This enabled the service to provide comprehensive care