Sally and Sarah Care Limited

Sally and Sarah

Inspection report

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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

The inspection took place on 2 October 2018. The inspection was announced which meant that we gave the provider 36 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. It provides personal care to people living in their own homes in the community. Not everyone using Sally and Sarah receives regulated activity the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection there were 31 people using the service.

The last inspection of the service was carried out in July 2017 and we rated them as required improvement. We found that the service was not meeting all the requirements of Health and Social Care Act 2008 and associated Regulations. We found concerns relating to the effectiveness of the providers governance systems. The provider did not have suitable systems in place to regularly assess and monitor the quality of the service to reduce any risks relating to the health, safety and welfare of people using services and others.

Following this inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the service to at least a rating of good.

At this inspection we found that the provider had undertaken consistent work to make improvements to the quality monitoring of the service. Regular audits were now taking place with a plan of any actions required and outcomes. This meant that any risks relating to people's health, safety and welfare was being significantly reduced by the provider picking up on these through their quality monitoring audits.

The service had a manager who was currently in the process of applying to become the registered manager. A registered manager is a person who has registered with the CQC 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 told us that they felt safe by the service provided. Staff had a good understanding of safeguarding, what their responsibilities were and could clearly tell us what action they would take if they had any concerns about the way people were supported. Staff received safeguarding training.

People's care needs were assessed and detailed plans were now in place to meet people's individual needs. Since our last inspection of the service the provider had made changes to their care plans to make them more person centred and detailed the support people needed. People told us that they were cared for by

staff who knew them very well, promoted their independence and understood how to support them.

Where risks of potential harm had been identified for people we found that there were risk assessments in place that recorded actions staff were able to take to reduce the potential for harm.

Medicines were being administered and managed safely by trained and competent staff.

People were supported to have maximum choice and control over their lives. Staff provided support in the least restrictive way and encouraged people's independence. Staff understood their responsibilities in relation to respecting people's privacy and dignity.

There were enough staff in place to provide people with safe care. We saw that the provider regularly reviewed the staffing levels to ensure that people had the maximum amount of time with staff.

Good recruitment systems were in place to ensure that the people employed were suitable to work with vulnerable people.

A training programme was in place that enabled staff to provide person-centred care.

Staff received regular supervision and an annual appraisal which allowed the manager to plan further training to support staff development.

Staff had a basic understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and had received training.

We saw that the manager had introduced a reflective support session called 'Remember Me' to support staff following their involvement in end of life care for people.

The service had an effective complaints process in place and people were aware of it and understood how to make a complaint should they need to. The service actively encouraged feedback from people.

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 and the rating for this domain had improved to good.

People told us they felt safe with staff. Staff had a good understanding of their responsibilities around protecting people and keeping them safe.

Recruitment systems were in place and made sure that the right staff were employed to keep people safe. There were sufficient staff to meet the needs of the people.

Medicines were managed safely and there were now processes in place to check that people received their medication as prescribed.

Is the service effective?

Good

The service remained effective.

People's needs were assessed and their care was planned with a person-centred approach.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff understood the key requirements of the Mental Capacity Act 2005 and how to support people making every day decisions.

Is the service caring?

Good

The service remained caring.

People were treated with kindness and respect by staff who understood the values of respecting people's right to privacy, dignity and confidentiality.

People received regular care and support from consistent staff who knew them well, ensuring continuity of their care

People were supported to maintain family relationships and links with their local community.

Is the service responsive?

Good

The service remained responsive.

People received care that was responsive to their individual needs. The service was responsive and flexible in meeting peoples changing needs.

The service welcomed feedback from people about their experiences of the care and support they received and used this information to shape the service development.

People would be supported at the end of their lives to ensure their preferences were followed.

Is the service well-led?

Good

The service was well led and the rating for this domain had improved to good.

The service was being well led by the manager. Staff were positive about the manager and felt supported

There were systems in place to monitor the quality of the service, which included regular audits, meetings and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified

Policies and procedures were in place and referenced current legislation and good practice guidance.

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.

The inspection took place on 2 October 2018 and was announced. The provider was given 36 hours' notice. This was so we could be sure that the manager was available when we visited. One adult social care inspector undertook the inspection.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent to us. A notification is record about important events which the service is required to send to us by law. We contacted professionals involved in caring for people who used the service, including commissioners.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

Before the inspection we contacted and spoke with four people who used the service and one relative.

We also spoke with the provider of the service, the manager, one senior care worker and three care staff.

We looked at four people's care records, three staff recruitment files, staff duty rota, medication administration records (MAR) and the records of quality assurance checks carried out by the provider.

Good

Is the service safe?

Our findings

The service was rated as requires improvement in July 2017 and this has improved to good.

At the last inspection we found that the systems the provider had in place to protect people from avoidable harm required improvement. These included the recording of people's medicines being administered and the detail in individual risk assessments.

We wrote to the provider asking them to outline how they would make the necessary improvements. The provider sent us action plans detailing what they would do and by when.

At this inspection we found the provider had made improvements and resolved these issues.

People received safe care and support. People told us "The greatest thing for me is that I get the same people all the time so I feel safe," and "I feel safe with [staff], they know me so well," "I feel safe when staff are here, they respect my privacy" and "I feel safe and that's a big consideration at my age."

People were protected from harm and the risk of abuse by staff who understood their responsibilities for safeguarding people. Staff described some of the signs of abuse as "bruising" or "a change in a persons personality" and told us "If something wasn't right I would contact the manager to raise an alert, if nothing got resolved I would go higher to social services or CQC", another said "It's not just physical abuse we need to look for there's also financial abuse" and "Safeguarding is about keeping people safe, if I thought anything was going on I would raise a concern with [the manager]."

There were enough staff deployed by the provided to keep people safe and provide personalised care. People told us "Staff are brilliant", "They are reliable" and "They never let me down, they always arrive on time." People told us that staff always had enough time to provide their care without being rushed. One person said, "They are always on time and don't rush, they have enough time to sit and chat with me before they go which is lovely."

The provider told us that matching people's needs with the level of staff was their primary aim so that they could ensure safe standards of care.

People's health and support needs had been assessed to keep them safe from the risk of harm. We found evidence of risk assessments for medication, infection control, moving and handling, falls and fire. Measures had been put in place to reduce risks such as specialist equipment to help people bathe or shower safely, training for staff and referrals to the local fire brigade for home fire safety checks. The assessments provided clear actions for staff to take to minimise the impact to the person. For example, we saw in one person's care plan they required a walking stick to mobilise within their home with staff support however when going out in the community they used a wheelchair due to the increased risk of falling. Risk assessments had been regularly reviewed to ensure they continued to reflect people's needs.

The provider showed us a new electronic care management system that they were in the process of introducing. This system will allow the provider to have electronic care plans, medication administration records (E-MAR), risk assessments and staff rota. The provider showed us that the system provided quick and accurate electronic updates for staff and the manager so that care plans were always accurate with the persons current needs. We also saw that the system would provide information for the manager that would enhance their quality monitoring of the service.

The provider had assessed the risk to staff from lone working. These included assessing where people lived, street lighting, accessibility to the property, if the person lived alone, any gender associated risks and pets.

Accidents and incidents were reported and reviewed to minimise the risk of them happening again. We saw that the manager reviewed records looking for any patterns or trends that may suggest a person's support needs had changed and required a review.

Appropriate checks were carried out to ensure suitable staff were employed to work at the service. The manager undertook checks to ensure that people were of good character. Disclosure and Barring Service (DBS) checks were undertaken. The DBS helps employers make safer recruitment decisions and minimises the risk of unsuitable people from being employed to work with vulnerable people.

People received their medicines in a safe way. One person told us "[Staff] help me to take my medicines by handing them to me and making sure I take them." Staff had received appropriate training to allow them to safely administer medicines or support people with them, this was regularly updated. The manager undertook regular staff competency checks to ensure staff were up to date and knowledgeable on medicines, infection prevention and providing safe care.

Staff told us that they were provided with sufficient personal protective equipment (PPE) to control and prevent infections and maintain high standards of cleanliness and hygiene.

Following our last inspection, we found that the provider had introduced monthly audits of all medication administration records (MARs) and had acted where they had found any discrepancies or concerns. For example, audits highlighted that one person was not taking their medication regularly due to it not always being collected from the pharmacy on time by [others]. The provider had acted to make sure the person received their medicines as prescribed. We discussed with the provider that adding an additional code to their MARs would easily identify when medicines were not available for staff to administer. The provider immediately undertook this and communicated this with all staff.

We found the provider did not have a paper topical medicines application records (TMAR) in place however topical medicines were recorded on the MAR. We discussed with the provider the use of a TMAR to direct staff where to apply topical medicines on the person's body. When we brought this to the attention of the provider they acted immediately and implemented TMAR's using a good practice tool. The provider contacted their new electronic system provider and requested TMARs being generated for them. This meant that people's topical medicines were now being administered and recorded effectively.

People's human rights were respected. Family life was promoted and relatives were supported by the service. One person told us "The [staff] get along great with my family during holiday times, they have a great rapport with [relatives]." Discussions had taken place with people and their relatives regarding their end of life preferences. This meant that the service had considered people's right to life.

The provider had an emergency plan in place that covered incidents such as adverse weather that may have

an impact on staff getting to people. This has been implemented during the severe snow earlier in the year. One person told us "When it snowed they [the providers] took over the care from the staff as they have bigger cars so were safer to drive, they wouldn't put people at risk."

Good

Is the service effective?

Our findings

The service was rated as good in July 2017 and this has not changed.

The service completed a pre-admission assessment to make sure they could meet the persons needs before commencing with the service. The manager told us that they would only agree to new packages of care where they could provide the best standard of support to the person. The manager told us that they also wanted to make sure staff would not be rushing.

Assessments involved the person, their relatives and other agencies where appropriate and detailed the persons individual needs, likes and dislikes, life history, communication, mobility, nutrition and cultural needs. The assessment clearly recorded the support a person required and how staff would deliver this care.

One member of staff told us "Care plans are individually done, [people] are given choice about the care they need. People have control over their lives and the care they receive."

People were supported by trained staff who had the right skills and knowledge to enable them to provide good standards of care for people. One person told us "Staff are clear about what I need, they know me and I know them."

Staff received effective training to ensure that they had the necessary knowledge, skill and competencies to provide a high standard of care to people. This included first aid, safeguarding, medication, food hygiene, moving and handling and infection control. Staff were also supported to undertake the level 2 and 3 diploma in health and social care. The manager told us that they themselves had also recently completed the level 5 diploma in leadership and management. Staff told us "Training is really good, I'm doing my diploma now which is really interesting," and "Training is really good, its helped me deliver a better standard of care, no one knows everything, things are changing. I have done everything I've really wanted."

We saw evidence of training staff had requested had been provided. An example was where staff had requested dementia training specific to the people they provided care for. We saw evidence that the manager had implemented learning sessions and staff responded that they had found them useful.

We found that the provider had a robust system in place for inducting new staff into the service effectively. New staff undertook the Care Certificate, this meant staff had the knowledge and skills required to meet people's needs. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competencies and standards of care that will be expected. One staff member told us "My induction included shadowing experienced senior carers, spending time with the [manager] and going on training, I felt really well supported."

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.

Staff had received training on the Mental Capacity Act 2005 and were able to tell us the key principles and how they applied this to their everyday work with people. Staff told us "MCA is about people having the ability to make their own decisions whether it be about their finances or what they want for dinner. We are here to support people's independence and choice about everyday things," and "MCA is about supporting people to make their own choices and not having people taking control over their lives when it's not needed."

The management team effectively supported staff. Staff told us, "The [manager] is at end of phone, I never feel left alone," "[Manager] is so supportive, professionally and personally they are really supportive." Staff were supported by having regular supervision with the manager, and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff

We heard evidence that people experienced positive outcomes regarding their health and wellbeing. One person told us "I started using [service] when I broke my foot and had a virus, staff helped me to regain my independence and make a good recovery. I kept the service going because I feel safe with [staff], they now make my meals and sit and talk to me." The manager told us that they supported people to attend health appointments and made referrals to other agencies on behalf of people when they had concerns.

People were protected from poor nutrition as staff monitored them to ensure they were eating and drinking enough to stay healthy. One person told us "They [staff] are really helpful, they know me so well and know when I'm running low on things and now just go to the corner shop for me," another person told us "[Staff] make me a meal and a flask and snack to have later in the day." We saw that people's dietary needs and any allergies were recorded on care plans.

We saw evidence that the management team regularly undertook 'spot checks' on the quality of the care and support people were receiving. These included observing staff following people's plans of care, delivering good practice for food hygiene, infection control and supporting medication. The manager told us that they used these checks to ensure that people continually received a high standard of service.

Good

Is the service caring?

Our findings

The service was rated as good in July 2017 and this has not changed.

The service was caring. People told us that they were treated with kindness and respect by staff. Comments included "Staff are brilliant," "Staff are marvellous, they are really fantastic," "The staff are so lovely, they are the best carers I have every dealt with," and "If I had to score them it would be an easy 10/10."

People's privacy and dignity was respected. People told us that that staff also respected their homes. One person told us "Staff support me to mobilise and use the bathroom, they respect my privacy, close the door and wait outside for me." Staff explained how they promoted people's privacy and dignity and told us "It's making sure the little things we all expect are done like closing doors, wrapping towels around people to keep them covered and closing curtains," "It's about asking the persons permission before you do something, I always ask but equally tell people before I do something," "It's important to respect people's dignity," and "I treat people how I would expect to be treated."

People told us they saw the same staff regularly and this supported continuity of their care because the staff understood their needs and preferences. Comments included "I always get the same people, only three staff come to me, I know them and they know me," "The greatest thing for me is that I get the same people all the time," "I have the same staff all the time, it's great, they know me so well that they now do my thinking for me, it's like having family visit," and "They brighten my day when they come - it's a delight to have them."

Staff told us how they felt they built trusting relationships with people because they visited regularly and this helped them to know when a person was unwell or something "wasn't right."

The provider had policies for equality and diversity and dignity and respect. The policies included people's right to respect for their religion, sexual orientation, age, gender, disability, race, marriage or civil partnership, pregnancy and progressive illness. Staff received training in equality and diversity.

The provider was aware of their responsibilities with regards to confidentiality and protecting people's data. Staff told us that they knew they had a legal duty to maintain confidentiality. Staff told us that they protected people's confidentiality by "not talking about people in front of other people" and "never talk outside about the people we support or when other people could hear us." The manager could clearly explain their responsibility for ensuring that people's information was protected in accordance to the General Data Protection Regulations 2016 (GDPR).

People were given information about their care and support in a way they could understand. Information was available to people in their home, such as care plans and daily records. People told us that they were involved in their care plans with input for their families too. The provider had a system for reviewing people's care regularly and people and their families were involved.

Good

Is the service responsive?

Our findings

The service was rated as good in July 2017 and this has not changed.

People received care that was responsive to their individual needs. We saw evidence throughout the inspection of staff communicating and updating the manager on people's changing needs. One person told us how the service was quick to respond to their needs and said, "I book [service] when my full-time carer has a break, they [service] ring to let me know who will be coming, sometimes this at short notice and I've never had any problems getting someone." People told us they knew how to make a complaint and felt they would be responded to quickly by the provider.

People told us they had been involved in discussions about their care preferences, views, wishes and choices to form their personalised care plan. We saw information in care plans about peoples' daily routines for example what time they preferred to get up or go to bed, the food they liked to eat, how they liked their drink making, when to close curtains and put lights on.

People knew how to give feedback about their experiences of the care and support they received, including how to raise a concern. We saw within the care plan file kept in people's home a clear complaints policy and procedure for people to use if they needed to raise a concern. People told us "I have no complaints, they are only too kind but if I did I would go to [manager],"and "I've never needed to complain, if I did my family would do this on my behalf and speak to [provider]." At the time of the inspection the provider had received no complaints since the last inspection.

The service supported people to maintain family relationships and links with their local community. The provider told us they held a 'drop in' session each week at a local café where they offered people the chance to come along and socialise whilst also find out about the service. This meant that people were protected from the risk of social isolation and loneliness. We found that people were supported to access the community as part of their care plans.

We saw examples of how staff had supported one person to visit their relative every week and another where the provider had driven a person down south to visit their relative and then driven back to collect them. People told us that this was a "valuable part of their care."

At the time of the inspection the service was not providing end of life care for anyone. The manager told us they do provide end of life care and work together with palliative care teams. We found that the provider sensitively enquired if people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) authorisations in place. These are clear, agreed instructions for when a person's heart or breathing stopped as expected due to their medical condition, that no attempt will be made to resuscitate them. The manager told us that where these were in place they were kept at the front of people's care plans to ensure that people's final wishes were observed.

The manager had developed a staff reflective support session for when someone they had cared for had

passed away. This was called 'Remember me.' The manager and staff told us how helpful they found to share memories of the person and was important so that they were not forgotten.

Good

Is the service well-led?

Our findings

At our last inspection in December 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider to make improvements to their audit systems and records.

Following our last inspection, we found that the manager and provider had introduced a number of quality assurance audits at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Regular audits were now carried out on the quality of the service provided. These included, medicine management, care plans, staff files, feedback from people and accident or incident. Managers looked at these and used them to make improvements to the service people received. For example, care plans reflected the individual needs of the person and clearly recorded how people wanted their care to be delivered by staff and, monthly audits of all MARs were undertaken and had identified where medication had been unavailable for staff to administer for a person allowing the manager to act.

People and their relatives spoke positively about the management team. Comments included "The managers are really good too," "I think the service is well led and run smoothly," "The manager always rings me up to let me know who is coming, I never have a problem getting someone," and "The service is managed in a caring way, management are terrific."

Staff spoke highly of the management team and told us "They [managers] are amazing, so supportive," and "They are really good, I've come across the nicest people whilst working here, they are so supportive."

Staff told us they felt supported by the management team and they enjoyed their jobs. We were told that the manager had an open-door policy where staff could raise any concerns knowing that they would be listened to and acted upon. We found evidence that team meetings were held every month and staff commented they found these "really helpful." We saw minutes from these meetings that included discussions on the new electronic care management system, safeguarding, staff survey, food safety and regular updates on people's needs.

Staff views were also sought through an anonymous survey by the provider. We saw one comment by a member of staff that said "Best company I have worked for, no short visits, plenty of time to do your job. More importantly is that I have time to talk to [people] as we may be the only person they see that day."

The provider told us they had a clear vision and values for the service they provide. They told us "We strive to provide the highest possible standards of care to people with the best staff" and "We like to look after our staff as much as we do the people."

Feedback was independently sought through surveys from people using the service and their relatives. The

results of the surveys were collated, their findings shared with staff and used to improve service delivery. We found that 24 people had responded to the survey. Comments included "Very caring and compassionate, my family have peace of mind knowing how well I'm looked after. Even at Christmas they always turn up," "Very reliable. It's like having a friend visit, it lifts my mood at the start of the day. Always feel like they put me at the centre of everything," and "The provider, management and care staff put their clients first. They go to great lengths to provide first class care, supervise regularly and ensure all needs are met properly. The result is that I feel everything possible is done for my comfort and safety ensuring that I receive medical assistance as required."

We saw that one person had commented that they would like someone to stay overnight occasionally. The provider confirmed that following this feedback they had introduced overnight support for current people when carers required a break or when people were unwell.

We heard how the management team would 'step in' to help support people when needed. This made them accessible to people and staff, whilst allowing them to observe practices and ensure the high standards of service were being delivered. We heard from one person that during the inclement weather earlier in the year the managers had taken over providing the care from staff as "their cars were bigger and safer to drive in the snow."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.