

Sapphire Community Care Ltd

Sapphire Community Care Ltd

Inspection report

Office 3 Flowfit, Ludlow Business Park
Coder Road
Ludlow
SY8 1XE

Tel: 01584876475

Date of inspection visit:
12 October 2022
13 October 2022

Date of publication:
09 November 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sapphire Community Care Ltd is a domiciliary care service providing the regulated activity of personal care. The agency supports older people some of who are living with dementia and people with mental health needs. At the time of our inspection there were 50 people were receiving support with personal care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe with the staff who supported them. Staff had been trained in safeguarding adults from abuse and understood when and how to report concerns. People received their medicines when they needed them by staff who were trained and competent to carry out the task. The provider's staff recruitment procedures helped to protect people from the risk of harm. There were enough staff to meet people's needs in a safe way. Risks to people were assessed and there were plans in place to mitigate risks. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were supported by exceptionally kind and caring staff who respected their wishes and treated them with respect. Staff went above and beyond their role to ensure people felt cared for and valued. People were supported to live their lives as they chose and were regularly consulted about the care they received. People were supported to be as independent as they could be.

Staff had built extremely trusting relationships with people and their relatives and ensured that people were supported in accordance with their needs and preferences. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

People were supported by a registered manager and staff team who were highly motivated and committed to provide the best possible care and support. Staff morale was good and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The views of people were sought and valued. Systems to monitor and improve the quality of the service were effective in driving improvements. The provider worked in partnership with other professionals to ensure good outcomes for people. The provider was aware of their legal responsibilities and of their responsibility to be open and honest when things go wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 April 2019 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Outstanding ☆

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 ●

Sapphire Community Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 12 October 2022 and ended on 13 October 2022. We visited the location's office on 12 October 2022 and made telephone calls to people's relatives on 12 and 13 October 2022.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives of seven people who used the service. We spoke with the registered manager and five care staff. We looked at five care plans and medication administration records. We looked at staff recruitment and training records, records relating to health and safety and the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks. For example mobilising and cooking.
- Care and risk management plans provided staff with the information they needed to support people in a safe manner. A member of staff said, "It is important to know individual situations for each client. A copy of all risk assessments are in clients care plans. There is also an index to sign in the file when they have been read. They provide all information needed."
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Relatives told us staff always turned up and stayed for the allocated time. One relative told us, "They [staff] often stay longer, they are incredibly flexible." A member of staff said, "I've always felt comfortable with the levels of staffing. I feel I have time within my role to go above and beyond, such as collecting a client's milk or bread from the shop without worrying about time schedules or having to rush clients."
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a DBS check were obtained before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Relatives told us people received their medicines when they needed them. One relative said, "They [staff] makes sure my [relative] gets their medicines on time. No issues at all." Another relative told us, "The staff are very proactive and double check the medicines."
- People's medicines were administered by staff who were trained to carry out the task. Regular assessments of staff's competency were carried out to ensure they remained safe to administer people's medicines.
- There were protocols in place to ensure staff followed a consistent approach for medicines which were prescribed on an 'as required' basis such as pain relief. This helped to ensure people received their medicines when they needed them.
- The registered manager regularly liaised with people's GP to ensure the medicines prescribed were correct

and effective. They also sourced dispensing pharmacies who were able to dispense people's medicines into packaging which met their needs and helped to promote their independence in a safe way. For example, dosset boxes.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people felt safe with the staff who supported them. A relative said, "[Relative] feels absolutely safe. Firstly they [staff] don't let them down and most importantly they check on their condition and they will call me if they think [relative] is not well. They care for [relative] as an individual."
- Staff had been trained to recognise and report any signs of abuse and they were confident action would be taken to keep people safe.
- Staff were provided with uniforms and ID badges and people knew who would be visiting them.

Preventing and controlling infection

- People's relatives confirmed staff consistently wore PPE appropriately and had no concerns about their infection control practices.
- The provider's COVID-19 protocol was reflective of current good practice guidelines.
- Staff confirmed they had access to sufficient stock of personal protective equipment (PPE) to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.

Learning lessons when things go wrong

- Where accidents and incidents had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People were assessed before a package of care was offered. This helped to ensure the agency could meet people's needs, preferences and aspirations.
- People's care plans showed their diverse needs such as religion and sexual preferences were discussed with them. These were understood and respected by staff.
- People's care was planned and delivered in accordance with best practise and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- Relatives were positive about the staff who supported their family member. One relative said, "I definitely think the staff are well-trained. 100 per cent."
- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This included shadowing more experienced staff. A member of staff said, "I had an induction which covered everything I needed to know. I also did shadow shifts until I felt confident to care for the client on my own."
- Staff with no previous experience in care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, "I recently completed training in alcohol abuse which helped me to understand and support a client." Another member of staff told us, "I feel I have received appropriate training to carry out my job role to a high standard. I am asked in supervisions if I require additional training and I know that I can always approach [name of registered manager] if I need to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's relatives told us staff were quick to request medical attention where there were concerns about a person's health or well-being. One relative told us, "If they think my [relative] is not right they have called an ambulance before." Another relative said, "[Name of staff member] spotted something was wrong with my [relative]. She found out that my [relative] had fallen over the day before. She called me and then the ambulance. They did everything that was necessary."
- The provider worked in partnership with other professionals to ensure people's healthcare needs were understood and met. These included GP's district nurses and speech and language therapists.

- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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 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 made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There was nobody using the service who lacked the capacity to consent to their care or treatment therefore applications to deprive a person of their liberty had not been required. However, the registered manager understood how and when to make an application where required.
- Relatives told us staff sought their family member's consent before assisting them.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected. A member of staff said, "If a client refuses support, I would talk to them and try to reassure them. I would never force them. I would report any concerns to the office and document it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were supported and treated with dignity and respect; and involved as partners in their care. People are truly respected and valued as individuals and are empowered as partners in their care by an exceptional and distinctive service.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives spoke very positively about the staff who supported their family member. One relative said, "They are lovely ladies; always with a smile on their faces." Another relative told us, "They [staff] are absolutely wonderful. They are caring, not just carers." A member of staff said, "I would be very happy for a member of my family to use Sapphire Care. We have a great team and the staff are very caring and have a good understanding of each person's needs and always give that little bit extra."
- People's relatives told us staff went above and beyond for their loved one. One relative said, "[Name of staff] was a regular carer and would always help my [relative] with whatever they needed. [Name of staff] even went over one day after work to help move boxes as I couldn't get there on time. [Name of registered manager] made arrangements for my [relative] to have a companion when their [relative] died. They did this themselves and I was so pleased." Another relative told us, "They [staff] are just great. One of them took the cat to the vet when my [relative] couldn't."
- The registered manager provided several examples of where staff had gone above and beyond their role to ensure people felt valued and cared for. They told us how staff had purchased items of clothing and bedding and paid for items to be laundered for one person who was struggling to cope.
- Over the Christmas period staff made Christmas lunches, cake and mince pies in their own time delivering them to people who lived alone. Staff also dressed up and took people Christmas gifts. A person who used the service said, "It was the best Christmas [they] had ever had."
- During the COVID-19 pandemic the provider produced a monthly newsletter for people to help lift their spirits and keep them updated. People were also given gifts donated by local retailers which were distributed by staff in their own time. A relative contacted the provider close to tears to say how wonderful this was and how it had lifted their spirits.
- Staff who had finished their shift returned to person's home following their death to support their family and remain with them until the undertakers arrived. Staff had remained with people, in their own time, who had no other support during long waits for an ambulance.
- Staff took time to get to know people and what was important to them. A relative told us, "My [relative] is very engaging and they [staff] are interested in her and take the time to make that connection." Another relative said, "My [relative] has regular carers and they all know them very well." A member of staff told us, "I like to talk to people and their family to get to know them well. They [people] are all individuals and have different care needs, likes and dislikes. I feel I know all the people I support really well."

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

- People's relatives told us staff listened to them and their relative and involved them in decisions about their care. A relative told us, "[Name of registered manager] came over personally to sit with us and tell us what the options were after my [relative] had a fall."
- The service welcomed feedback from people to help them monitor the quality of care being provided.
- Care plans included detailed information about people's history, needs and preferences. People's relatives confirmed they were aware of the care plan and they were involved in any updates or review of their care needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain a level of independence. A relative said, "My [relative] is still quite independent. They [staff] let them feel this way and assist them when needed." A member of staff told us, "The people we visit are at the centre of everything we do. We understand that everyone is different and treat them as an individual. We encourage and support people to be as independent as they can be giving them confidence in themselves."
- Relatives told us that staff treated people with the upmost respect and dignity. One relative said, "They [staff] listen to my [relative] and make them feel secure and ensure their dignity is respected."
- People's diverse needs and protected characteristics were recorded in their plan of care and were understood and respected by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes. A relative told us, "They [staff] know my [relative] doesn't like to ask for help and they know them well enough to ask if they can help them. They [staff] picked up on that quite quickly."
- The registered manager ensured people received a service which was responsive to their needs and preferences. For example, one person returned to the agency following a breakdown in their placement. The registered manager worked with the person and social care professionals to ensure the person received support, which was tailored to their needs, whilst promoting a level of independence. This included sourcing a company who could dispense medicines in suitable packaging for the person. The registered manager and staff team worked closely with health and social care professionals and supported family members when it became apparent that a person required residential care.
- During adverse weather conditions which resulted in some areas having no power, the registered manager was concerned about one person who used an electric airflow mattress to prevent the risk of pressure sores. The registered manager liaised with district nurses and staff collected and delivered an appropriate alternative mattress to the person's home. The registered manager contacted the energy provider of another person who had been without electricity for two days and arranged for a generator to be provided.
- People's cultural and religious preferences were recorded in their plan of care.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the care they received.
- Systems were in place to check people's needs were being met and they were satisfied with the service being delivered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed to support and guide staff on how to effectively communicate with people.
- The registered manager told us that information could be provided in accessible formats, such as large print, for people where required.

- Staff had been provided with additional training to meet people's communication needs, for example sign language.

Improving care quality in response to complaints or concerns

- People's relatives did not raise any concerns with us and told us they would feel confident in raising any concerns if they had any. A relative said, "I've never had to complain but I would talk to [name of registered manager] if I needed to."
- There was a complaints procedure in place and records showed that concerns were responded to within agreed timescales.

End of life care and support

- There was nobody using the service receiving end of life care. Staff had received training about caring for people who were nearing the end of their life.
- ReSPECT forms had been completed which detailed people's wishes for life saving or emergency treatment. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Effective audits and checks were in place to monitor the quality and safety of the care being provided, staff development and the punctuality of people's care calls. Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive improvements.
- The care practices of staff were regularly checked through spot checks and competency assessments.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were very positive about the service their loved one received. One relative said, "I am very happy with this service and there is nothing that I would change. We are happy and confident, and I have recommended this agency to others." Another relative told us, "There is nothing at all I would change. They are so supportive and always have been."
- People benefited from a staff team who were proud and motivated to provide a high standard of care. One member of staff told us, "I just want to highlight how proud I am to be a part of a company that has the clients' interests at heart and who really do try to go above and beyond to ensure people feel supported and safe in their own homes."
- The provider valued the staff team and ensured they felt well supported and rewarded in their role. Staff had access to a mobile app where they could communicate securely with the provider and each other. This was also used to ensure staff arrived home safely after an evening shift. Staff were not penalised financially when calls to people were reduced for example, when they were in hospital.
- There were opportunities for people, their relatives and staff to comment on the service provided through regular surveys. Results of the last survey had been very positive.
- Staff were very positive about the support they received from the provider and their management team. A member of staff said, "I think we have a really strong team, and we all work well to support each other. [Name of registered manager] and their management team are excellent."
- The provider supported staff to overcome obstacles and to achieve their potential. For example, supporting staff to gain promotion to a more senior role.
- There were regular meetings for staff to seek their views and provide updates and information about the

people who used the service, current guidance and health and safety matters. A member of staff told us, "I feel any suggestions I make are listened to and incorporated if appropriate."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, and specialist health professionals.