

Safety First Care Ltd

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Inspection report

Boundary House
Boston Road
London
W7 2QE

Date of inspection visit:
07 November 2022

Date of publication:
04 January 2023

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

About the service

Safety First Care Ltd is a domiciliary care agency providing personal care to people living in their own houses and flats. It provides a service to adults. This is the only location for this provider. The owners are involved in the day to day management of the service. At the time of our inspection one person was using the service.

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

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Medicines were administered safely. The provider followed safe recruitment procedures to help ensure new staff were suitable to care for people. Staff followed appropriate infection prevention and control practices.

Staff were supported to provide effective care through induction, training, supervision and observations. The provider assessed people's needs to ensure these could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people's preferences for their care and provided support in a respectful manner. Staff respected people's dignity and provided day to day choices for people.

Care plans included information about people's communication needs, and staff were aware of these. There was a complaints procedure in place and the provider responded to complaints appropriately.

The provider had systems in place to monitor, manage and improve the care and support provided to people. A relative and staff reported the registered manager was available and responsive.

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

Rating at last inspection and update

This service was registered with us on 10 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Safety First 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

This inspection was carried out by two inspectors.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 3 November 2022 and ended on 16 November 2022. We visited the provider's office on 7 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We met with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at records the provider used for managing the service, including the care records for one person who used the service, two staff files, and other records used by the provider for monitoring the quality of the service. After the office visit, we spoke with the relative of the person who used the service and two members of staff.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to help safeguard people from the risk of abuse. A relative told us people were cared for safely.
- Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and they knew how to respond.
- The service had not had any safeguarding alerts; however, the registered manager knew what to do and who to inform if a safeguarding alert was raised in the future.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe. A relative told us, "I do feel that [person] is safe with the agency. The management team carried out a thorough risk assessment for [person] in order to eliminate any risk. The senior management has explained the risk assessment and all the things which can cause a risk to [person]".
- Areas of need assessed included mobility, environment, skin integrity and nutrition. Where risks had been identified there were control measures in place to help mitigate the risk. The provider also had fact sheets on relevant conditions to provide additional information about some risks.
- The provider reviewed and updated risk assessments to reflect changes in people's needs.

Staffing and recruitment

- There were enough staff to meet people's needs and enough time for travel.
- The person using the service received support from the same staff which provided consistency of care. A relative told us staff arrived on time and stayed the correct length of time. Their comments included, "The care staff do come on time and they always call me before they come to let me know they are coming so that I can inform [person] because [person] gets anxious when people just come without me telling them who is coming, when they're coming, and what they're coming for."
- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. 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

- The person received their medicines safely and as prescribed. The provider had a medicines policy and procedure in place and staff had completed medicines training to help ensure they administered medicines

correctly.

- Medicines competency assessments were undertaken to ensure staff had the skills required to manage people's medicines.
- Staff completed medicines administration records (MARs) appropriately to indicate they had supported people to take their medicines as prescribed.
- The provider audited MARs to help ensure they were effectively completed by staff and medicines were being administered as directed.

Preventing and controlling infection

- The provider had policies and procedures to help prevent and control infection and staff had completed training in this area.
- A relative told us staff followed good hygiene practices and wore personal protective equipment (PPE) such as masks and gloves. The staff told us they had a good supply of PPE.
- The person and staff had COVID-19 risk assessments and risk mitigation plans.

Learning lessons when things go wrong

- The provider had systems in place to record safeguarding alerts and incidents. However, they had not had any at the time of the inspection.
- Incident reporting forms were available for care workers to complete if required.
- The registered manager explained they were a small service and maintained good relationships with people who used the service.

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

- The provider assessed people's needs prior to starting with the service so they could plan individualised care and support. This was confirmed by a relative who told us they had been involved in planning the person's care.
- The assessed needs covered all aspects of people's care and were the basis of care plans and risk assessments.
- Care plans were reviewed and updated when there was a change in need.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and knowledge to provide safe care.
- Staff were supported to provide effective care through induction, training and supervision.
- Staff new to care received an induction and training in line with 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 and forms part of a robust induction programme.
- Training included safeguarding adults, moving and handling, end of life awareness, nutrition, dementia and medicines. One relative said, "Yes, I do feel the staff are well trained and have the skills to care for [person]".
- Staff received regular supervisions and unannounced spot checks to help ensure good practice when supporting the people they cared for. Staff felt well supported and told us, "I feel very supported in my role as a carer with my personal and professional development. The registered manager is a senior nurse. I feel that she is very experienced and gives me guidance in providing quality of care".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink.
- Nutritional and hydration needs were assessed and recorded in the care plan. For example, one care plan recorded drinks should be left within the person's reach when staff leave the home.
- Staff respected people's cultural and religious dietary needs. For example, a low sugar diet due to diabetes. A relative prepared meals and staff supported the person to eat them as required.

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

- Care plans included information and guidance about the person's assessed healthcare needs.
- The provider had only supported people who lived with their families and they liaised with other

healthcare professionals. However, if required the provider would contact healthcare services on behalf of the people they worked with.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and found they were.

- Where people were able to sign their consent to care form, these were signed appropriately.
- The provider had an MCA policy and staff received training on the principles of the MCA.

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 good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. Care records provided guidance for how people liked to receive their care. A relative told us, "The staff are kind, patient and polite. They always ask [person] before they do anything. This is also something that's very important for [person] and myself."
- The person received care from the same staff which meant that they were familiar with the person's needs and how they liked to be cared for.
- The provider was respectful of people's cultural needs and had matched the person with staff who spoke the same language and shared the same religion.

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

- The person and their relative had been consulted about the care and support they received. Records included the person's choices, their consent for the care plan and indicated they were involved in reviewing their care. A relative confirmed, "[Staff] would always ask [person] permission before they provide any care. They also ask [person's] choices. For example what food they want to eat. They encourage and promote [person]".

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. A relative told us, "I do feel the staff always treat [person] with dignity and respect. This is very important to me and [person]. [Staff] always give [person] privacy when they need it. They will close the door when giving care and they always ask permission before doing anything."
- Care plans had guidelines for how to complete personal care tasks with personal preferences.
- The person's independence was promoted where possible.

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

- Care and support was planned and delivered to meet individual needs. We found in cases where the provider had used a template, they had not always personalised the details. We discussed this with the registered manager who advised they would update these immediately and ensure records contained information personalised to the individual.
- Other records included information and guidelines for staff to meet people's needs and preferences. For example, how the person liked to receive personal care and to support them to choose their preferred toiletries.
- Social background information provided staff with context and areas of interest when communicating with the person. A relative confirmed, "The staff are well informed about [person's] cultural and religious background and show respect."
- The person was supported by the same care workers which provided consistency.

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.

- The person's communication needs were assessed and recorded in their care plan, including if they required assistive aids such as glasses or a hearing aid.
- We saw the person had their care plan translated into their first language which gave them more control of how their care was planned.
- Staff spoke the same language as the person they supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person using the service lived with their family which helped to reduce social isolation.
- Staff supported people to engage in their interests. Part of the care plan for the person included supporting them to meet other people in their community on a weekly basis.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place but had not received any formal complaints since becoming registered. If they did, they would follow their complaints procedure to address the complaint satisfactorily.
- The service user guide and statement of purpose included the service's contact details and how to make a complaint. People and their relatives knew who to speak with if they wanted to raise a concern. A relative confirmed, "The complaint form is in the care plan folder at home provided by the agency and the registered manager has explained it for me and [person]."
- As the service was small, the registered manager was able to have regular contact with people and their families and address any issues as they arose.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care. However, this had been discussed with the person and their relative, and the family would manage any end of life care arrangements.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a positive person-centred culture. The person and their relative were involved in planning their care and were happy with the service provided. A relative told us, "I am pleased with the care provided for [person]. The carers and the management team communicate with me and [person], they carry out spot checks and regular phone calls to ensure we are happy with the services provided."
- Staff enjoyed working for the agency and said they felt supported by the manager. Comments included, "I feel supported because the management team are very helpful and approachable. If I have any concerns, they are always willing to help. The registered manager is very experienced in the care setting, therefore they always make time to do meetings and trainings about providing good care for the clients."

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong. There were policies and procedures in place to respond to incidents, safeguarding alerts and complaints. The provider had not yet had to respond to any concerns and the registered manager told us, "Every incident is an opportunity to provide better care. It's what you do after the incident. You are open and honest in what you do so the incident does not happen again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their roles and responsibilities. The registered manager was appropriately qualified and also one of the owners of the agency. They worked closely with the staff in the day to day running of the service.
- People and relatives knew who the registered manager was and felt able to raise any concerns with them.
- The provider had quality assurance checks in place to monitor service delivery. This included requesting feedback from people and their relatives and regularly reviewing care plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager involved people using the service, their relatives and the staff. A relative confirmed

the registered manager was "very helpful in explaining everything to myself and [person]. The [registered manager] used to be a nurse and has been a great support and comfort to us."

- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- Staff were indicated they were happy with how the service was run and the support they received from the registered manager. Comments included, "I would recommend this company as a place for work because it is a friendly environment where you can communicate with management with any issues you have. They are fair, supportive and willing to listen".

Continuous learning and improving care

- The provider had systems for monitoring and improving the service. These included regular audits, contacting people for feedback and spot checks to observe staff providing care.
- The registered manager had regular contact with people using the service, their relatives and staff to monitor the service and make improvements as needed.

Working in partnership with others

- The provider had not yet had to formally work with any other professionals, however the registered manager had an extended network of health and social care professionals whom they shared good practice with.
- The registered manager attended the local authority's provider forum to share information and keep up to date with current practice.