

SNE Care Services Ltd

# SNE Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SNE Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. 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. At the time of our inspection 89 people were receiving personal care from the service.

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

Following the previous inspection in March 2022 the provider sent us an action plan to make the necessary improvements to the service. Improvements had been made and the service was no longer in breach of regulations.

People and their relatives spoke positively about the care and support provided by the service. Some people raised that they did not always receive care from the same members of care staff. We discussed this with the registered manager who explained they had recently recruited new staff which would mean consistent staff would be allocated to people.

Improvements had been made to the management and administration of medicines. Regular audits were undertaken to ensure any issues identified could be addressed immediately.

Safe recruitment practices were in place. Appropriate background checks were in place to enable staff to work in this country.

Risk to people's safety had been assessed and plans were in place to guide staff on how to support people safely. There were processes in place for reviewing and investigating accidents, incidents and safeguarding to ensure lessons were learned and these were shared with staff.

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.

Systems were in place to manage and monitor infection control. Appropriate PPE was available to staff.

Quality monitoring and assurance systems were in place to ensure the registered manager had oversight of the service. Regular audits were undertaken, and actions followed up.

Complaints were taken seriously and used as an opportunity to improve the service and experience for people. Surveys were undertaken and feedback summarised to identify any actions needed.

The service had a positive culture. The registered manager had a good understanding of equality and diversity and was active with putting this into practice. The service worked in partnership with others to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focused inspection of this service on 22 March 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 HSCA RA Regulations 2014 Good governance

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SNE Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# SNE Care Services 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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

We gave the service 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with the registered manager and the general manager. We spoke with 4 people who use the service and 8 relatives.

We reviewed a range of records including 3 people's care and medicines records. We looked at the recruitment records for 3 members of staff. We also looked at records relating to the safety and management of the service. We also reviewed records the registered manager had sent us electronically.

### After the inspection

We received feedback from 4 health and social care professionals who work with the service and 7 members of staff. We continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider failed to have robust systems in place to ensure risks were safely managed and mitigated. This placed people at risk of unsafe care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were now managed safely.
- Systems were in place to ensure regular medicine checks and audits were carried out to identify any errors and take appropriate action.
- Medicines were administered by trained and competent staff.

### Staffing and recruitment

At our last inspection the provider failed to have robust systems in place to ensure risks were safely managed and mitigated. This placed people at risk of unsafe care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Recruitment processes were in place to minimise the risk of unsuitable staff being employed. References were now checked to ensure they matched application forms, were valid and were from the most appropriate source.
- The provider now had systems for checking when staff could work under visa requirements and were eligible to work in this country.
- There were currently enough staff. However, we received mixed comments about the consistency of staff. One person told us, "I get different ones. I don't get the same all the time. All the ladies are lovely."
- People spoke positively about the care they received from staff. Comments included, "We think it's excellent. It suits our purpose very well. If [relative] is having a bad day, the staff are able to cheer him up. They speak with him not at him."

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the potential risk of harm or abuse.
- People and relatives said they received a safe service. One person said, "I think it's pretty good. They're

nice people. The carers that come are all good. I'm very pleased with them."

- Staff received regular safeguarding training and could tell us what action they would take if they identified any concerns. One staff member told us, "Reporting incidents is an essential part of maintaining a safe and high-quality care environment for clients."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were assessed and plans put in place to support staff to provide safe care. These were reviewed regularly to support people to remain safe.
- The service responded to accidents and incidents, and these were used as a learning opportunity and to identify any changes to care if needed. Lessons learnt were shared with staff during individual and team meetings.

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 found the service was working within the principles of the MCA.
- Staff received MCA training and told us they sought consent from people prior to providing care.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- The provider's infection prevention and control policy was up to date.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider failed to have robust systems to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements to the systems in place to monitor the quality of the service. These were now completed in a timely way to address errors as they occurred.
- The provider had improved medicine audits which were now completed daily. This ensured any errors could be addressed immediately.
- Improvements to recruitment had been implemented. Following the last inspection, the registered manager implemented thorough checks around recruitment and the right to work in the UK.
- Staff spoke positively about the leadership and support they received from registered manager. Comments included, "The leadership has been very supportive and provides me with clear instructions" and "My opinion is management do a very good job in supporting us."

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

- The service was well-managed. People and relatives were mostly happy with the service provided. Comments included, "I don't have any concerns really. Everyone's so particular and caring" and "I have been given a number to contact. Usually, if I ring that number, I get a response. They answer the phone straight away."
- People and those important to them had opportunities to feedback their views about care and support. Surveys were undertaken and feedback summarised to identify any actions needed.
- Lessons were learned from audits and incidents. Complaints were taken seriously and used as an opportunity to improve the service and experience for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. Comments included, "I have seen staff at patient's homes when I have been

visiting and have not had any concerns with what I have seen."

- Staff worked closely with health care professionals. People's care records showed involvement and guidance from other agencies, such as Nurses.
- The service had a positive culture. The registered manager had a good understanding of equality and diversity and was active with putting this into practice.

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 the duty of candour and their responsibility to be open and honest with something had gone wrong.