

Seniors Helping Seniors (UK) Limited

Seniors Helping Seniors

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

About the service

Seniors Helping Seniors is a domiciliary service providing personal care to older people, younger adults and people living with dementia. At the time of our inspection there were 9 people using the service. 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 told us they felt safe when they received a service from Seniors Helping Seniors. They told us staff treated them with dignity and respect and gave them privacy. People were supported to continue to live their lives in the way they wanted and stay in contact with friends and relatives.

People were protected from the risks of harm and abuse. Staff knew how to identify and raise any concerns they had. Risks had been assessed with people and ways to keep them safe, while remaining independent, had been agreed.

Staff supported people to remain well. People were offered food and drinks they liked. People's medicines were managed safely. Staff practice protected people from the risk of infection.

People's needs were assessed with them before they began to receive a service. People had planned their care with staff and were supported to live their lives in the way they wanted. People had been invited to share their end of life preferences.

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.

There were enough staff to support people. People received their care from a team of staff they knew. Staff arrived at the agreed time. Staff had the skills they required to care for people and were supported by the registered manager and provider. Staff were recruited safely.

The provider and staff shared a clear vision for the service. People and staff were asked for their views of the service. These were listened to and acted on. People were confident to raise any concerns they had about the service they received.

The registered manager and provider had oversight of the service. Regular checks were completed on the quality of care people received. The provider had plans in operation to continually improve the service.

The registered manager and provider understood their legal responsibilities and had shared information

with us when they needed to. They worked with other organisations to ensure they kept up to date with changes in legislation and developments best practice.

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 24 January 2022 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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 ●

Seniors Helping Seniors

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 completed by an 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.

Inspection activity started on 17 April and ended on 24 April 2023. We visited the location's office on 17 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and relatives about their experiences of the service. We spoke with 6 staff including the provider, nominated individual, registered manager and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 3 people's care records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks were reviewed.

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

- People were protected from the risk of abuse and told us they felt safe when staff were with them. Their comments included, "I do feel safe with my care workers", "I feel very safe with them all, they are very nice indeed" and "I am safe with them".
- Staff had completed safeguarding training and knew how to identify risks of abuse. They were confident to raise any concerns they had with the registered manager or provider and were assured they would act.
- The registered manager knew how to share any concerns they had with the local authority safeguarding team so they could be investigated.
- The provider had systems in operation to reduce the risk of financial abuse. They paid for any purchases made by staff on people's behalf and invoiced people afterwards.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and action had been taken to mitigate risks. People told us staff helped them to use equipment, such as shower stools and stair lifts. They told us staff supported them to remain safe, while maintaining their independence.
- Staff followed guidance to reduce the risk of people falling, this included ensuring floors were dry and any trip hazards were removed. Staff prompted people to safely use walking aids to help them remain safe.
- Some people used equipment to assist them to stand and sit. Guidance reminded staff to be mindful of people's confidence to stand and work at the person's pace. This reduced the risk of people falling.
- Risks to people and staff in each person's home had been assessed. Staff were reminded to report any new risks they noted to the registered manager and provider, so these could be addressed.

Staffing and recruitment

- People received their care from a consistent team of staff and knew who would be visiting them. A relative told us, "We only have the same 3 carers, that was a stipulation from the start due to their needs". New staff were introduced to people before they began to support them. When people did not feel an affinity with a staff member another staff member replaced them on the team. This was so people and staff always felt comfortable with each other and got on well.
- Staff had enough time to support people in the way they preferred. People were informed if the staff would be late for any reason. People told us, "I know the staff now and they are usually on time unless a catastrophe happens and then they let me know" and "I know who is coming and they come on time and stay the time needed". Calls were monitored to make sure none were missed and everyone received care.
- People were protected by safe recruitment checks. Checks on staff's character and previous employment had been completed. Disclosure and Barring Service (DBS) checks were completed before staff worked with

people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider used a values based selection criteria. They had established workplace values they expected staff to display such as compassion and respect and checked to make sure candidates shared these are part of the recruitment process.

Using medicines safely

- People's medicines were managed safely. Staff supported and prompted people to manage their medicines independently and only supported people when they needed assistance. People told us, "They don't have to do any medicines for me apart from my eyedrops" and "My relative has a 7 day box for their medicines and they prompt them to take them".
- Staff completed medicines management training and their competence to manage medicines safely had been assessed.
- Risk related to medicines, such as paraffin based emollient creams, had been assessed. Staff supported people to manage risks. This included regular washing of clothes and bedding.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control. They had access to sufficient stocks of personal protective equipment, such as gloves and aprons and knew how to use and dispose of them safely.
- The provider kept up to date with the latest guidance around Covid-19 and took action to reduce the risk of the spread of infection to people and staff. A relative told us, "They always wash up and leave the place immaculate".

Learning lessons when things go wrong

- Any accidents or incidents had been reviewed to look for any patterns and trends. Accidents and incidents were rare and no patterns had been identified.

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's needs were assessed before they were offered a service. This was so the registered manager could be assured staff had the skills and time to meet people's needs. Assessments were completed with people and their relatives where they wished. They included people's independence, goals and strengths. A person told us, "The manager came round to see me and everything that they offer was explained and talked through with me".
- Systems were in place to check care staff had the capacity to provide the care people needed, when they wanted, before they were offered a service. People were informed of staff availability and were able to decide if they were happy with the time of the call.
- People had been asked to share information about their lives, to help staff get to know them and understand what they liked. This included their family, pets, lifestyle choices, spiritual and cultural needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience required to meet people's needs and were supported through ongoing training. They completed training appropriate to their role including topics specific to people's needs, such as first aid, medication administration and falls prevention. A person told us, "The staff are trained well and they do seem to know how to do their jobs".
- New staff completed an induction which included the provider's vision and values. They worked alongside an experienced staff member to get to know people and the standards of care the provider required.
- New staff who did not hold recognised qualifications in social 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. Other staff held recognised qualifications in social care.
- Staff met with the registered manager regularly to discuss their practice and development. This was in the form of face to face meetings and spot checks which included direct observation of their practice.

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

- People were supported and encouraged to eat and drink enough.
- Where staff prepared meals and drinks for people, these met their needs and preferences. Staff followed people's recipes to ensure their meals were always as they liked.
- People chose what they wanted and staff prepared this for them. People's comments included, "They prepare meals for me and I choose what meal I am having. The evening carer cooks the meal and is cooked exactly how I like it" and "They will leave me out snacks and drinks if I ask them but that is up to me".

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

- Staff supported people to remain as well as possible.
- They identified changes in people's health and supported them or their relatives to inform their GP or emergency services.
- A relative told us, "One of the carers called out an ambulance because they found my relative on the floor. The clever carer called out an ambulance and they checked my relative over". The staff member had stayed with the persons until the ambulance arrived at 1 AM, providing reassurance and comfort.

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.

- People were supported to make choices in ways they preferred.
- People's ability to make day to day decisions was understood and guidance was available to staff about any support people required.
- The registered manager and staff knew who was able to make decisions on people's behalf and how to make sure decisions were taken in people's best interests.

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 and their relatives told us staff were kind and caring. People told us, "They are all kind and friendly towards me and we talk well together" and "They are all friendly and talk with me about all sorts of subjects".
- People were treated with kindness and compassion and this extended to their loved ones. A relative had shared their worries about their loved one with staff and described their response. They said, 'This wonderful woman rested her hand on my knee and said it's all right to cry. No one has understood my feelings as well as this amazing lady, and my goodness; she was such a comfort'.
- There was a mutual respect between people and staff. One person commented, "They are all polite and I feel comfortable with them".
- Staff treated people with respect. They referred to them by their preferred names and described them in positive ways. A staff member had taken a person some flowers on Easter Sunday, which their relative felt was "going the extra mile".

Respecting and promoting people's privacy, dignity and independence

- Independence underpinned the care staff delivered. People told us, "They put my socks on for me but they also encourage me to help put them on myself when I can, which is good for me to do" and "They wash my back but they let me do as much as possible for myself".
- People had privacy and were treated with dignity. They told us, "The staff always ask me before they do anything and respect my privacy by knocking, for example, before they come in" and "They always ask before they do anything and always treat me politely and with respect".
- Effective systems were in operation to keep information about people safe and secure. The provider complied with the General Data Protection Regulations and was registered with the Information Commissioners Office. Relatives could only access information about people with the person's permission.

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

- People were asked about their preferences around the gender of staff who supported them. This was considered when planning their staff team.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed.
- Staff supported people to share their needs and preferences. They knew how people would share their views and opinions and respected what people told them. People who needed support to share their views were supported by their friends and families. The registered manager knew people's advocates and how to contact them when needed.

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 and their relatives had planned their care with staff, including their preferences. A person told us, "They always ask me what and how I would like things done".
- People's care plans contained guidance for staff about what people were able to do and the support they needed from staff. This supported staff to provide consistent care and people to maintain their independence.
- People's care was flexible to their changing needs and preferences. One staff member told us how they walked a person's dog at times. The person told us, "I have a little dog and they are all very happy to take him out for me".

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.

- Important information including the service user guidance was available to people in accessible formats such as large print.
- Plans were in place to make other documents more accessible. This was to help people share their feelings about their service.

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

- People were supported to continue to take part in pastimes and remain in contact with friends and relatives. Staff left telephones within people's reach and ensured they were charged.
- Some people liked to watch the television and staff supported people to watch their favourite programmes or DVDs. One person and a staff member enjoyed the same programme. The staff member called the person each time it was on to remind them and they enjoyed chatting about it when the staff member visited.
- Some people had been supported to attend local events, including a choir concert at Canterbury Cathedral and tea dances. Some people enjoyed regular shopping trips. Other trips were being planned for the warmer weather at people's request including drives to look at the bluebells and trips to the beach.
- Staff supported people to keep up to date with current affairs. People who wanted were supported to continue to vote. The provider had informed all staff when the death of Queen Elizabeth II was announced

and asked them to support people who may be upset by the news.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concern they had and that these would be resolved. They told us, "I have not got any worries or complaints at all but I do know who I could talk to if I did and would feel happy doing so", "I have never had to complain about anything but if I needed to I would and I would know who to complain to" and "I am happy to call the office is there are any problems at all and would know who to talk with".
- The provider welcomed complaints and saw them as a way to improve the service. No complaints had been received and any day to day 'niggles' had been addressed before they escalated into a complaint.

End of life care and support

- People had been supported to be comfortable at the end of their life. Staff had supported people to access specialist palliative care services and followed their guidance.
- Staff followed people's wishes and supported them in their preferred place, such as at home. A relative told us, "We want our loved one to stay in they home, as they do. That is where they want to end their days".
- Some people had made the decision with their relatives and health care professionals not to be resuscitated if they had a cardiac arrest. Staff made sure records of their decisions were shared with health care professionals and were visible in people's homes. This ensured their wishes were respected.

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 and staff had a shared set of values. They had worked together to explore the values they would expect of care they or their loved ones received and how to ensure they displayed these in their day to day work. This included compassion and independence.
- People were confident in the leadership team and told us the service was well managed. Their comments included, "The management are always helpful and answer the phone quickly and politely", "They are the most organised care agency that I have ever worked with" and "The management are very good and I have a very good relationship with them all".
- The leadership team had a people strategy in place to continue to develop the organisation. This included plans to support all staff to give and receive unbiased feedback, in order to develop everyone. Some staff had signed up to a mental health resource for care staff resource offered by the provider.
- The provider was aware of the impact of their role on staff's wellbeing. To support this, staff had been offered a free reflexology session. The provider was awaiting feedback from staff to plan further sessions if staff found them helpful.

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

- When things went wrong the provider apologised and informed people of the action they had taken to prevent a similar incident occurring again.

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

- Staff told us the registered manager and provider were approachable and supportive. They told us they contacted any of the leadership team for advice or support whenever they needed. Staff were motivated and felt appreciated and rewarded for going over and above. The provider aimed to have a flat organisational structure where everyone was valued.
- The provider understood the importance of accurate and accessible records. Their current electronic record keeping system was not as efficient as they required and plans were in place to replace it. Staff always had access to information about people and their needs.
- The provider and registered manager understood regulatory requirements. They had plans in place to conspicuously display the CQC quality rating at the office and on their website. This was so people, visitors and those seeking information about the service were informed of our judgments.

- Services that provide health and social care to people are legally required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had submitted notifications as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- People were asked for their views of the service. Their feedback had been positive. People felt involved in their care and received their care in the ways they preferred.
- Staff spoke to the provider and registered manager regularly. They were confident to share their views and these were acted on. For example, staff had feedback that they didn't read the monthly newsletter as it came from the management team and not their peers. It had been agreed that a staff member would write the news letter to share successes with their peers.
- Effective systems were in operation to check the service was running well. These included daily checks of staff attendance at people's homes, as well as checks of the accuracy of records.
- The registered manager completed regular 'spot checks' on staff practice, these included gathering feedback from people about the care they received. They checked on staff's time keeping and their use of personal protective equipment. They also checked to make sure staff were safely supporting people in the way they preferred. For example, medicated creams were being applied correctly and equipment was used safely.

Working in partnership with others

- The provider kept up to date with best practice around social care. They attended conferences and took part in webinars organised by national organisations including Skills for Care, the National Carers Association and CQC.
- They also subscribed to sector specific publications such as Homecare insight. They used information they obtained through these organisations to develop the service.