

Sarah's Home Care Ltd

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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

Sarah's Home Care is a domiciliary care agency providing personal care to older adults living in their own homes. 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 3 people who used the service were receiving personal care.

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

People and their relatives told us they felt safe, and their experiences of the service provided by Sarah's Home Care were positive.

People were protected from harm by staff who had been trained and were confident in recognising and reporting concerns. Potential risks to people were assessed and guidance was in place to minimise them.

There were enough staff to ensure people's needs were met safely and in an unrushed manner. Staff had been trained and had the right skills to meet people's needs effectively, including in relation to the administration of medicines. They were supported well by the management team and had sufficient information to carry out their duties well.

Where required, staff supported people to have enough to eat and drink. They supported people to access healthcare professionals when needed, to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives, where appropriate, were fully involved in making decisions about their care, in planning and reviewing care plans. People told us they were supported by a consistent and familiar group of staff who were kind and compassionate. Staff respected and promoted people's privacy, dignity and independence. They knew people well and had enough time to speak with them and learn about them as individuals. This, along with information in people's care plans, supported staff to deliver person-centred care that met their needs.

There was a system to ensure any complaints were recorded, investigated, and acted upon to reduce the risk of similar issues happening in the future. People and relatives confirmed communication was good and felt their views about their care were sought and acted on appropriately. Audits and quality monitoring checks were carried out regularly to continually improve the service.

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

Rating at last inspection

The last rating for this service was good (published 31 May 2018). Based on the findings at this inspection the overall rating remains good.

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 

Sarah's Home 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 2 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, who was also the registered provider.

Notice of inspection

We gave a short period of notice for 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 14 August 2023 and ended on 17 September 2023. We visited the location's office on 14 August 2023 but were unable to gain access. We therefore visited again on 24 August 2023.

What we did before 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 1 person who used the service, 2 relatives and 5 staff including the registered manager, who is also the provider, the assistant manager, the senior care worker and 2 care staff. We looked at the care documentation for 3 people and records relating to the management of the service including policies, staff recruitment and training records and systems used to monitor the quality 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.

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their relatives told us they felt the service was provided in a safe way and protected people from harm or abuse. One relative said, "Yes [family member] is 100% safe. I have no concerns about that. The [care staff] know what they are doing and make sure [they] are safe, securing the door before leaving and making sure [they] have what [they] need."
- Staff received training to recognise and report any potential risk of harm or abuse and knew they could raise concerns directly with the local authority or CQC. The registered manager was aware of their responsibility for reporting concerns to the local authority and to CQC
- Systems were in place to record and investigate accidents and incidents. The registered manager told us the management team discussed lessons learned with team members through formal supervision and regular daily contact to ensure they had this information to support their practice going forward.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as catheter care, choking, mobility and the environment. Risk assessments related to people's individual needs and were linked to care plans, which were regularly reviewed and updated when people's needs changed.
- Staff were aware of risks to people's health and welfare and could describe how they supported people safely. They confirmed they were kept informed when people's needs changed. They had timely access to updated plans and assessments through the new electronic care documentation system. This was confirmed by relatives. One relative said, "Whenever anything needs changing they are quick to respond to this and update things straight away."

Staffing and recruitment

- People received care and support from a consistent team of staff who knew them well. People, relatives and staff told us how this made a difference to the quality of care provided. This was because staff were familiar with people's needs and preferences and knew them well enough to recognise any changes in people's presentation that might indicate they were unwell, or their needs were changing.
- People and their relatives confirmed staff usually arrived on time, stayed for the duration of the visit and were reliable. If staff were running late, people and their relatives confirmed that they were kept informed, but also said lateness was only very occasional and usually due to traffic issues in the area.
- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found

there were some unexplained gaps in staff's employment histories. However, the Registered Manager took immediate action to address this in relation to existing staff and to update their application form. This would ensure this information was more clearly required of applicants in future.

Using medicines safely

- People were being supported with administering their medicines and care plans directed staff about how and when these should be administered.
- Staff had received medicine administration training to ensure they managed medicines consistently and safely. The management team carried out checks of their competency to ensure they put into practice the training they had undertaken.

Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection.
- Staff, people and relatives all confirmed staff used appropriate Personal Protective Equipment (PPE) and followed correct hand hygiene practice when supporting people and moving from one task to another.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Robust assessments of people's needs and preferences had been completed before they received a service. These assessments sought the views of the person, their relatives where applicable and took into consideration the advice of health professionals involved in their care.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction which included shadowing an experienced member of staff before working independently. All staff completed the Care Certificate as part of their induction. 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 told us they felt very well supported in their role and received the training they needed to carry out their duties safely and effectively.

- People and their relatives confirmed this. Comments included, "They are well trained and experienced. There are no issues there." And, "They are all great, lovely! They know what they are doing."

- The registered manager told us they actively encouraged staff to complete further training to support their development. This included training in relation to the specific care needs of people using the service as well as National Vocational Qualifications (NVQ) relevant to their role.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required, staff supported people to have access to food and drink that met their needs and preferences. People and relatives confirmed staff mostly did this well.

- Relatives told us that staff worked hard to support people to live healthy lifestyles including eating a balanced diet, providing support and encouragement where this was sometimes difficult.

- If staff were concerned about a person's health and wellbeing, they knew to report their concerns and seek medical support. The registered manager told us they worked closely with other professionals to ensure people received appropriate and timely care when needed, for example, from district nurses and GP's.

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 make 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

- At the time of the inspection everyone using the service was considered to have the mental capacity to make their own decisions.
- People and their relatives had been involved in decisions regarding their care and treatment.
- Staff told us they always sought people's consent and offered choices to people during their care. This was confirmed by people and their relatives.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us staff and the management team were kind, supported them with compassion and they felt listened to. One relative said, "They are all lovely. My [family member] adores them."
- People were supported by a small and consistent team that enabled them to form meaningful and respectful relationships. Staff spoke about the value of this in terms of forming positive relationships and developing trust. They also spoke about the positive impact of having enough time during care visits. This enabled them to have time to engage with people beyond their caring duties, and to provide social support to people as well.
- Staff understood the importance of working with people to ensure they received the support they needed in a way they liked, and taking into consideration their views. They demonstrated a strong commitment to providing compassionate high quality care.
- This was encouraged by the management team who led the service by putting people at the centre of their care. This promoted people's rights to have care delivered that met their needs and respected their wishes, beliefs and personal characteristics.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people to maintain their privacy and dignity. They told us about the ways they did this, such as maintaining closed doors and curtains and covering people with towels when providing personal care.
- Staff also spoke about promoting people's independence by supporting them in a way that encouraged them to do what they could for themselves.
- Staff were aware of the need to keep people's information securely and maintaining confidentiality.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were supported by a consistent team who knew their needs well. Care plans were developed from detailed assessments and provided staff with guidance about people's needs and preferences. Staff were familiar with these documents but also said they built relationships with people and developed their knowledge about them as individuals through this interaction.
- The assistant manager and senior care worker regularly carried out care calls themselves. This provided the opportunity to check people were happy with all aspects of the care provided and for changes to be made in response to any feedback.
- People and their relatives told us the registered manager and management team were flexible and would change things around where needed. Any changes to people's care and support needs were recorded and care plans updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before providing the service.
- Where needed, the Registered manager confirmed people were offered information in a format they could understand to support them to make informed decisions about their care. For example, if they required information in large print, easy read or audio format.

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to concerns and complaints.
- People and their relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon. One relative told us, "We did have a few little niggles or teething problems at the beginning, but we discussed the issues and they were dealt with straight away."

End of life care and support

- The service was not supporting anyone on an end of life pathway at the time of the inspection.
- Most people had only been receiving a service from Sarah's Home Care for a few months. The registered manager confirmed their intention to speak with people and their families about their wishes for the end of their life. This was to establish any role they would wish Sarah's Home Care to play in insuring they had a

comfortable and dignified death when the time comes.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team promoted a person-centred culture within the service, based on high standards of care and fair conditions for staff.
- The management team and staff had a good understanding of their role. The registered manager told us they had recruited carefully to ensure staff with the right skills and attitude were appointed.
- Staff spoke passionately about their work and were very positive about the registered manager, their values and the supportive work environment they created.
- The registered manager and the management team carried out regular audits to review the quality of the service provided and identified areas for improvement. They carried out regular spot checks to assess staff practice and spoke with people who used the service and their relatives frequently.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

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; Continuous learning and improving care.

- The registered manager understood the duty of candour and had an open and honest approach when mistakes were made.
- The registered manager had promoted a culture where the team were encouraged to learn from mistakes and use these experiences to make improvements to the service.

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

- People, relatives and staff told us they felt comfortable with the registered manager's approach, and they were confident to suggest their views about any areas for improvement.
- People and relatives said communication with staff and the management team was very good. One relative said, "Communication is good, they listen and respond to anything we bring to them. They deal with things when we need them to."
- We saw that the service had several ways for people or relatives to provide feedback, including care reviews, spot check visits, quality monitoring telephone calls and questionnaires .
- Staff told us they were kept informed of issues relating to the service through daily contact with the management team.

Working in partnership with others

- The registered manager informed us they worked closely in partnership with others, such as GPs and district nurses to ensure people received the right support and care.