

Mrs Helen Lise Cass

# Safe Care

## 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

Safe Care provides personal care to people who live 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 the inspection 26 people were receiving personal care support.

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

People were happy with the care they received from Safe Care and said they felt safe. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. People received support to take their medicines safely.

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.

People were supported to develop care plans that were specific to them. These plans were regularly reviewed with people, to ensure they were up to date. The plans contained clear information about people's communication needs.

Staff respected people's privacy and dignity.

People were supported to prepare food and drinks where needed, ensuring this met people's needs and minimised identified risks. Staff worked with health teams to ensure people were able to access the services they needed. Staff had clear information about when to contact health professionals to safely manage people's health conditions.

The management team provided good support for staff to be able to do their job effectively. The provider's quality assurance processes were effective and resulted in improvements to the service.

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 22 December 2018) and there were breaches of regulations. 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

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

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 ●

# Safe Care

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

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

The provider is an individual who is in day to day charge of the service. They are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

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 would be in the office to support the inspection.

Inspection activity started on 6 November 2019 and ended on 12 November. We visited the office location on 6 November.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included reports the provider was required to send us each month setting out the improvements they were making.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, management team and six care staff.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and an overview of training and supervision for all staff. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection action was needed to ensure risks were assessed, managed effectively and reviewed following incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the way risks were managed at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place to support people to be as independent as possible, whilst staying safe. Examples included support for people to manage their mobility including the risk of falls, to manage medical conditions and the risk of choking.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- Risk management plans were regularly reviewed by the management team and were updated when people's needs changed.
- Incidents were well managed, and lessons were learnt when things went wrong.
- Staff had recorded information about incidents and the immediate actions they had taken to keep people safe.
- The provider had reviewed all incident records and recorded any actions that had been taken as a result. Actions included referrals to external health services where necessary and changes to people's care plans.

Using medicines safely

At our last inspection action was needed to ensure medicines were managed safely.

Improvements had been made at this inspection.

- People were supported to take the medicines they had been prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

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

- The service had effective safeguarding systems in place. People told us they felt safe when carers were in their home. Comments included, "I feel very safe when the carers are with me."
- Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the provider and senior staff would take action to keep people safe if they raised any concerns. Staff were also aware of how to raise concerns directly with other agencies if they needed to.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.

### Staffing and recruitment

- There were enough staff working to meet people's needs. People told us staff arrived on time and stayed the full time they were booked for.
- The provider had effective systems to plan staffing levels based on people's needs and their location. Staff said their schedules were realistic and had travelling time built into them, so they didn't need to rush.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

### Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- Staff said they had access to equipment such as gloves and aprons whenever they needed them.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 when they first started using the service. This assessment was regularly reviewed to ensure staff had current details of people's needs and choices.
- Assessments were completed with input from relevant specialists. Examples included occupational therapists, community nurses and the wheelchair service. This ensured care was delivered in line with current good practice and the law.
- People told us staff provided the care they needed.

Staff support: induction, training, skills and experience

- Staff received suitable training, which gave them the skills they needed to do their job.
- Staff said training was relevant to their role. The provider had a record of all training staff had completed and when refresher courses were due. New staff spent time shadowing experienced staff members as part of their induction.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.

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

- Staff supported people to maintain good nutrition and hydration.
- Where people were supported to prepare meals, there was clear information in their care plans. This set out how people made choices about meals and how they liked their meals prepared.
- The plans included guidance from speech and language therapists about the consistency of food and drink where necessary.

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

- Staff worked with external professionals to ensure people were supported to access health services and meet their health needs. One person commented, "I think they're brilliant. They work well alongside staff from [the local hospice]."
- Records demonstrated the service worked with GPs and community nurses to ensure people's needs were met effectively. Plans contained contact details of health professionals involved in people's care and details of when to report issues to them. Examples included details of possible problems with a catheter and a person's leg ulcers.

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 Act 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's rights to make their own decisions were respected and people were in control of their support. Everyone using the service at the time of the inspection had capacity to consent to their care and treatment. Comments from people included, "They always listen to me and gain my consent" and "They always ask whether I am happy before they do anything."
- People were supported by staff who knew the principles of the MCA. The provider had systems in place to support people if they did not have capacity to consent to their care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 treated with kindness and were positive about the staff's caring attitude. Comments from people included, "They're a lovely bunch. They treat me as a human being and are very kind" and "They don't patronise me. We have a joke and a relaxed conversation."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

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

- Staff supported people to make decisions about their care. People expressed their views and set out what they wanted to happen during their assessment of care needs. This information was used to support people to develop individual care plans.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People said staff provided support in ways that maintained their privacy and dignity.
- Confidential records were securely stored, and staff ensured they did not share information about people without their permission.
- Staff encouraged people to do things for themselves where they were able, to maintain their independence. Care plans included information about what people could do themselves and what they needed support with.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### Improving care quality in response to complaints or concerns

At the last inspection action was needed to ensure complaints were clearly recorded, including any action that was taken. Improvements had been made at this inspection.

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they first used the service. Comments included, "I have raised concerns with [the provider] and she has sorted them out" and "I have details of how to complain. I am confident they would sort out any problems that arose."
- Records demonstrated complaints had been investigated by the provider. Complainants had been given a formal response, setting out the actions taken to resolve their issue.

### End of life care and support

At the last inspection action was needed to ensure the provider recorded people's end of life wishes. Improvements had been made at this inspection.

- People were supported to make decisions about their preferences for end of life care, and in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care service.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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

- People were supported to make choices and have as much control and independence as possible.
- People had clear care plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.
- Care plans were updated when people's needs changed. Comments from people included, "I have everything set out in my care plan. This is regularly reviewed to keep it up to date" and "[The provider] was very good when I was unwell and needed more care. She got everything sorted out very quickly."
- Staff knew people's likes, dislikes and preferences. They used this information to provide support for people in the way they wanted.
- Staff kept clear records of the support they had provided to people. Records were used to help identify any

changes to the support people needed.

#### 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.

- Staff had identified people's communication needs and included them in the care plans.
- Action had been taken to meet people's communication needs. This included providing documents in a large print format to make them more accessible.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At our last inspection action was needed to ensure quality assurance systems were effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice.
- The provider was working with the contract monitoring team from the local authority to ensure improvements to the service were sustained.
- The results of the various quality assurance checks were used to plan improvements to the service. The plan was kept under review to ensure agreed actions had been completed.
- The provider had submitted notifications of significant events to us when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. Staff reported the management team worked to ensure people received a high quality service.
- Staff praised the management team and told us the service was well run. Comments included, "We couldn't wish for better management. They're very supportive and understand what the job is" and "There is good support from [the management team]. There's always someone available if we need them."
- The provider had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families, friends and others effectively in a meaningful way. Comments included, "[The provider] comes round regularly to review my care and make sure everything is going well."

- The provider responded to issues raised in quality surveys and let people know what action they had taken.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.