

Sante Care At Home Limited

Sante Care At Home

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

Sante Care At Home was first registered with the Care Quality Commission (CQC) in August 2015. This is the first inspection of the service since registration. This inspection took place on 29 June 2017 and was announced. The service is a small domiciliary care agency that provides people with personal care and support in their own home. People using the service had a wide range of healthcare needs. The service specialises in providing live in care services. Live in care is where staff live and work with people in their home, providing personal care and support as required. At the time of this inspection there were five people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People contributed to the planning of their care and support. People's needs and specific preferences for how they wished to be cared for and supported were set out in their personalised support plan. People said staff were able to meet their needs. Staff demonstrated a good understanding about people's needs and how these should be met. Senior staff reviewed people's care and support needs regularly to ensure staff had up to date information about these.

People said they felt safe when being supported by staff. Staff had access to appropriate guidance on how to minimise identified risks to people due to their specific needs. This helped to keep people safe from injury or harm in their home and community. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices.

There were enough staff to meet people's needs. The provider carried out appropriate checks on their suitability and fitness to support people. Staff received relevant training and were well supported by senior staff to meet people's needs. Staff were helpful, considerate and attentive to people's needs. They provided people with support that was dignified, respectful and which maintained their privacy at all times. They prompted people to be as independent as they could and wanted to be. They supported people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce risks to them from social isolation.

People were encouraged to eat and drink sufficient amounts to meet their needs. Staff supported people to take their prescribed medicines when required. Staff monitored and recorded their observations about people's general health and wellbeing and shared this information with all involved in people's care. When they had concerns about people they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People were satisfied with the care and support they received. The provider had clear aims and objectives about what people should expect from staff and the service in terms of standards and conduct. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these.

People and staff spoke positively about the leadership of the service and said managers were approachable and supportive. The provider sought people's views about the quality of care and support provided and how this could be improved. Senior staff used this information along with other audits and checks to monitor and review the quality and safety of the support provided. Where there were any shortfalls or gaps identified through these checks senior staff addressed these promptly. The provider used learning from audits and complaints to improve the service. They also sought to continuously improve by investing in and updating the service so that people continued to receive responsive and effective support from staff.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA and were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support.

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. Staff knew what action to take to protect people from abuse or from the harm caused by discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed. Plans were in place that instructed staff on how to ensure these risks were minimised.

The provider carried out appropriate checks on staff to make sure they were suitable and fit to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Good 

Is the service effective?

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles through a programme of supervision and appraisal.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

Staff helped people keep healthy and well. They monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

Good 

Is the service caring?

The service was caring. The provider had set clear objectives about what people should expect from the service and staff in terms of quality standards.

Staff demonstrated a discreet and considerate approach when delivering care to people. They ensured people's right to privacy and dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to regain and maintain control and independence over their lives.

Good 

Is the service responsive?

The service was responsive. People were involved in discussions and decisions about their care and support needs. Support plans reflected their choices and preferences for how this was provided. These were reviewed regularly by senior staff.

Staff supported people to engage and pursue activities and personal interests to promote their overall wellbeing and reduce the risks to them from social isolation.

People were satisfied with the support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Good 

Is the service well-led?

The service was well led. People's views about the service were sought. This was used along with audits and checks to monitor and review the quality of service people experienced.

People and staff spoke positively about the leadership of the service and said managers were approachable and supportive.

The provider used learning from audits and complaints to improve the service. They sought to continuously improve people's experiences by investing in and updating the service.

Good 

Sante Care At Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 29 June 2017. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was undertaken by a single inspector.

Before the inspection we reviewed information we had, such as notifications about events and incidents that have occurred at the service, which the provider is required to submit to CQC.

During our inspection we spoke with the two managing directors of the service, one of whom was also the registered manager. We reviewed the care records of three people using the service, two staff files and other records relating to the management of the service.

After the inspection we spoke with two people using the service and asked them for their views and experiences. We also spoke with two care support workers.

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "I feel very safe with [staff member]." Another person told us, "Yes, I feel quite happy. I would say something if I wasn't."

Staff were supported by the provider to protect people from the risk of abuse or harm. Staff had received training in safeguarding adults at risk. They told us this helped them to stay alert and aware to signs of abuse and they knew what action to take to ensure people were protected from this. This included following the provider's safeguarding policy and procedure, which all staff had been provided a copy of, to report any concerns they had to senior staff or to another appropriate authority such as the local council. Staff had also received training in equality and diversity to help them understand how to protect people from risks associated with discriminatory practices and behaviours. They demonstrated awareness and understanding of how to ensure people's rights were respected and protected so that they did not suffer discrimination or abuse.

Staff were also supported to keep people safe from identified risks to their health and safety. People's records showed the registered manager regularly assessed and reviewed how their individual circumstances and needs could put them at risk of injury or harm at home and in the community. Information from these assessments was used to instruct staff on how to reduce these identified risks so that people were supported safely. For example, one person required significant support to move and transfer safely. This required the use of specialist equipment. The provider arranged for staff to receive appropriate training to use this equipment so that the person could be moved and transferred, for example from different positions such as from a lying to a seated position, in a way that was appropriate and safe. Staff had a good understanding of the risks people faced and how these should be minimised to ensure people were protected from injury or harm.

There were enough staff to meet people's needs. Records showed people's specific needs had clearly been considered by senior staff when planning the live in support package people required so that appropriately skilled staff could be assigned to meet these. Senior staff ensured, wherever possible, people received support from the same members of staff in order to experience consistency and continuity in their care.

The provider had appropriate arrangements in place when recruiting staff to work for the service. Records showed the provider had carried out checks on staff regarding their suitability to support people. These included obtaining and verifying evidence of; their identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where staff were responsible for this, they supported people to take their prescribed medicines when they needed these. Staff maintained records of what medicines were given and when. Staff supporting people to take their medicines had received the appropriate training to do so. They had also been provided with a copy of the provider's medicines policy which set out their responsibilities for ensuring people received their medicines safely. Staff's competency was monitored by senior staff through medicines audits to check

people received their prescribed medicines and to ensure staff followed good practice for the safe handling of medicines.

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "I think [staff member] is very good. I really can't do a lot myself and she helps me to wash and dress and gets my breakfast, lunch and dinner for me."

Staff received training to help them to meet people's needs. Records showed staff had attended training in areas relevant to their role which included training in first aid, health and safety, food hygiene, moving and handling, infection control and dementia awareness. Where people had specific health care needs, training was provided to staff to support them to meet this for example with diabetes care and management. All new staff were required to successfully complete a programme of induction before supporting people unsupervised. All staff also received a 'staff handbook' and access to the service's key policies and procedures to guide and inform them in their roles. The provider monitored training to ensure all staff were up to date with their training needs and attended refresher training to update their skills when required.

People were cared for by staff who were well supported in their roles. There was a supervision (one to one meeting) and appraisal framework in place through which all staff had formal supervision with the registered manager every two months. The registered manager used supervision to encourage staff to reflect on their current work practices and any learning and development needs they had. Staff confirmed to us they had regular supervision meetings with the registered manager and received training to support them in their roles. One staff member said, "Training is good and very helpful." Another staff member told us, "I've had a lot of training and if I need information I can look at policies and procedures."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training in the MCA. They demonstrated a good understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make specific decisions about their support was considered during assessments of their needs by the registered manager. None of the people using the service at the time of this inspection lacked capacity to make specific decisions about their care and support. However there were processes in place to involve people's relatives, representatives and others such as healthcare professionals, should this situation arise, to ensure decisions would be made in people's best interests.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Information had been obtained from people about their dietary needs and how they wished to be supported with these. The level of support people required from staff varied and was based on people's specific needs and wishes. This ranged from preparation of drinks and light snacks to cooking meals. Staff recorded how much people ate

or drank. This gave everyone involved in people's care and support, information about whether people were eating and drinking enough to reduce risks to them from malnutrition and dehydration

Staff supported people to keep healthy and well. They recorded their observations about people's general health and well-being and shared this information with all involved in people's care and support. Staff supported people to attend their medical appointments and to visit other healthcare professionals when required. Outcomes from these visits were recorded in people's records so that if any changes were required to the support people received, all staff were aware of this. When staff had concerns about a person's health and wellbeing they reported these to the registered manager who ensured appropriate support and assistance was sought from others, such as the GP.

Is the service caring?

Our findings

People said staff were helpful, considerate and attentive to their needs. One person told us, "I'm very happy with [staff member]. She's helpful and caring." Another person said staff listened to them and respected their choices and decisions for how they would like support to be provided. During our conversations with staff they were respectful about the people they supported. They displayed good awareness and understanding of people's individual care goals and needs and how they should support people to achieve these. We noted from responses the provider had received through a recent quality survey, people and their relatives were positive when asked if staff were caring and kind.

The provider had clearly stated aims and objectives about what people should expect from staff and the service in terms of standards and conduct. These were focussed on people receiving support which was caring, dignified and respectful. Staff were made aware of these standards when they first joined the service through induction training and support from senior staff. Staff's conduct and adherence to these standards was monitored by the registered manager through weekly spot checks at people's homes. At these visits the registered manager sought people's views and feedback about staff to check they were meeting the service's aims and objectives.

People said they were treated with dignity and respect and staff maintained their privacy. Staff told us about the various ways they did this particularly when supporting people with aspects of their personal care. The examples they gave us demonstrated they were sensitive to people's needs and discreet when providing care and support. Staff said they ensured people were offered choice, were not rushed and given the time they needed to do things at their own pace.

People were supported to be as independent as they wished to be. One person told us after a period of ill health they had become entirely dependent on staff to help them to wash, dress, take their medicines and to eat. They said staff had encouraged and motivated them to build up their confidence and regain the ability to carry out these tasks themselves and become independent once more. They told us they were now able to carry out some aspects of their personal care and to eat with minimal assistance from staff.

People's support plans set out their level of dependency and the specific support they needed with tasks they couldn't undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to regain and retain control and independence over their lives. Senior staff had identified ways in staff could do this, for example by supporting people to use specially adapted tools to help them to eat and drink independently. Staff gave us examples where people, with their encouragement, had been supported to undertake activities they previously found difficult to do due to ill health. A staff member told us, "I do little things like encourage them, to help out with the dishes maybe, so that slowly they are relearning how to do this."

Is the service responsive?

Our findings

People and those involved in their care, such as their relatives, were supported to contribute to the planning of their support package. Before people started to use the service senior staff met with them to assess their needs and requirements. They used the information from these meetings to develop a support plan which set out how these assessed needs would be met by staff. Support plans were detailed and reflected people's preferences for how and when they received support. Staff had a good understanding about people's needs and preferences. This ensured people received support that was personalised and reflective of what they wanted.

People's care and support needs were reviewed with them regularly. The registered manager used weekly spot checks at people's homes to gain their feedback about their current support package and whether this was continuing to meet their needs. Records showed people's care and support package had been formally reviewed within the last six months. The registered manager confirmed reviews would take place sooner if there had been a change in people's circumstances. Where any changes were agreed to the care and support people required their support plan and any associated risk assessments were updated so that staff had access to the latest information about how people wished to be supported.

People were supported to take part in activities or pursue their interests to promote their overall health and wellbeing. For example, where the service was responsible for this, people were supported to undertake trips and activities in the community, such as walks or visiting the shops, to reduce the risks to them of social isolation. At home, people were encouraged to do arts and crafts or take up hobbies that reflected their interests. Some people that had specific interests they wished to pursue were supported to attend events to help them achieve this.

People were satisfied with the care and support they received from staff. One person said, "I feel quite happy with the way things are going." Another person told us, "I'm quite happy actually...I get on well with [staff member] and they get on with all my family too." We noted from responses the provider had received through a recent quality survey, people and their relatives indicated high levels of satisfaction with the support they received from the service.

The provider had arrangements in place to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided appropriate information from the provider about what to do if they wished to make a complaint. This set out how people's complaint would be dealt with and by whom. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

People and staff spoke positively about the leadership of the service. One person said, "The managers are very approachable. Good organisers and good listeners." Another person described senior staff as 'fantastic'. A staff member told us, "I get a lot of support from the managers." And another staff member said, "The managers are helpful and supportive. They consider our needs and will arrange things for us if needed."

The provider sought people's views about the quality of the service and their suggestions for how this could be improved. The registered manager used weekly spot checks at people's homes to ask people for their feedback and ideas for improvement. The provider also sent quality surveys to people to enable them to rate their satisfaction with their care and support package and make suggestions. We saw the registered manager had analysed people's responses from the most recent survey undertaken to identify any areas which needed to improve based on people's feedback. We noted where a suggestion had been made by one person about the food they ate the registered manager took this on board and discussed with staff how improvements could be made to that person's meal time experience.

Senior staff undertook audits and checks of the service to monitor and review the quality and safety of the support provided. Recent audits undertaken by senior staff had been focussed on safe medicines management, people's care needs and staff recruitment records. Where any gaps or shortfalls were identified through these checks prompt action was taken to remedy these including supporting and encouraging staff to learn from mistakes. We saw the provider also used learning from complaints to improve the quality of support people experienced. For example, based on previous issues and concerns raised by people, the registered manager had improved the quality of information provided to staff during their induction about the standards expected from them when supporting people with all aspects of their care. The registered manager said this had improved staff's understanding and awareness of how to support people effectively so that they experienced good quality care at all times.

The registered manager at their weekly spot checks reviewed staff's working practices and competency in undertaking their duties. They used the information from these checks in supervision meetings to support staff to improve their work based practice. We saw a recent example of this where the registered manager had identified specific areas where a staff member could improve their practice in relation to moving and handling and arranged for them to undertake additional training to support them to do this.

The provider was investing in the service in order for it to continuously improve. At the time of this inspection, the provider was introducing a new electronic records management system which all staff would be able to access remotely in people's homes via a mobile tablet. This new system would enable staff to access and record information in real time so that they had the latest information about people's care and support needs available to them. The system could be monitored by senior staff in the main head office to help them check that people received their care and support as planned. The registered manager told us this system would enable them to respond quickly when an issue or concern about the support a person received was identified. For example where people were due to have their medicines at a scheduled time, but this was not recorded by staff on their record, an immediate alert would be sent to

senior staff to enable them to investigate quickly why this had happened.

The registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.