

Mrs Sarah Catherine Taylor

Sarah`s Carers Office

Inspection report

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13 November 2019
14 November 2019

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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 Carers Office is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, seven people were receiving personal care from the service. People who use the service live in Paignton and surrounding areas.

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

Sarah's Carers Office put people at the centre of their care experience. People told us staff were very caring and compassionate. Comments included "They go above and beyond the call", "I'm very well looked after" and "The little things they do make life a lot more comfortable." A professional said, "I have always found them to be extremely caring and keen to provide the very best for their clients".

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed.

People's needs were met by staff who had received regular training and support. Staff were highly motivated and very well supported and had used their skills and knowledge to improve outcomes for people.

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 treated with dignity and respect in a way that valued them as individuals. We were provided with examples of how the service had gone above and beyond what was expected of them to promote people's well-being. Each person benefited from a small staff team who knew them really well. People were supported to be as independent as possible and there was a strong focus on promoting social inclusion.

People received a personalised service to meet their specific needs, preferences and wishes. The provider's vision was to deliver care with a person-centred approach looking after people in a holistic manner, ensuring both their physical and psychological needs were met. Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. Staff supported people with activities and found ways to enhance people's quality of life. Staff quickly identified people's changing needs and actions were taken.

People benefited from a provider who placed an emphasis on delivering a high quality service. Without exception, people, staff, and professionals spoke highly of the service. The provider continually looked for ways to improve and worked with other services to share ideas and good practice. The provider and service had received awards at the Outstanding Care Awards in recognition of the high standards of care provided.

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 the CQC on 4 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with the CQC.

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 ●

Sarah`s Carers Office

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

One inspector carried out this inspection.

Service and service type

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

The provider was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

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 would be in the office to support the inspection.

Inspection activity started on 12 November and ended on 14 November 2019. We visited the office location on 12 November 2019. We carried out home visits to people and phone calls on 13 and 14 November 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. 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 sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative. We spoke with six members of staff including the provider and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from four professionals.

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 for this newly registered service. This key question has been rated as Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- The provider was keen to reduce risks for people wherever possible. They sent people useful information to keep them safe. For example, information relating to equipment such as personal alarms and health risks. The provider made themselves available to discuss these with people.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency. When it snowed, the service worked with another provider to ensure people got their visits.

Staffing and recruitment

- People told us they were always introduced to new staff before they carried out a visit on their own. Each person benefited from a small, consistent team of staff. People had developed extremely positive and trusting relationships with staff.
- The service had enough staff with the right skills to meet people's needs.
- Robust staff recruitment practices ensured the right staff were available to support people to stay safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely. Staff supported some people by collecting their medicines.
- People received their calls at the right time to ensure medicines were given at the correct intervals.
- Senior staff carried out observations of staff administering medicines and audits to ensure safe practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home.
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety. Staff knew people well and would be able to identify any changes in their wellbeing.
- Staff told us they felt confident the provider would respond and take appropriate action if they raised any concerns.
- The provider sent information to keep people safe. For example, information about 'what is abuse' and telephone numbers to contact. A 'No Cold Callers' poster had been sent out to people. Staff offered to

display the poster to prevent uninvited callers from knocking on the door.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

Learning lessons when things go wrong

- Where incidents had occurred, the provider analysed these to assess if a person's needs were changing. Action was taken when needed and this reduced the risk of it happening again.

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 as 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

- Care assessments were carried out before people began to use the service. The provider said, "I meet every client and their loved ones before a package of care starts with us so I am able to assess the needs of each person individually, this enables me to build the foundations for effective partnership working based on a person-centred approach."
- Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. When asked about the training, staff said, "It's brilliant" and "Anything we need, we get." An external training provider told us staff had engaged well during training and took everything on board.
- Staff had opportunities for regular supervision. Staff told us they were well supported and were encouraged to further develop their skills.

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

- Staff supported some people with eating and drinking. Staff knew people's food preferences. During home visits, staff offered people a choice of meals.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

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

- People were supported to maintain good health and had access to external healthcare support as necessary. For example, one person was in pain. Staff contacted the person's GP to ask for stronger pain relief to be prescribed.
- The service had worked collaboratively with other professionals such as occupational therapists and district nurses to ensure people received the best possible care and support.
- Staff completed detailed records at care visits to ensure care remained consistent. Staff held a verbal handover every day to ensure people's health needs continued to be met.

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.

- Most people who used the service had capacity to make decisions about their care and support. Care plans were signed by each person and showed they consented to care and treatment.
- Staff had completed training in MCA and understood people's rights. Staff knew how best to support people who lacked capacity and encouraged them to make day to day decisions.
- Where people who used the service did not have capacity to make decisions, mental capacity assessments had been carried out and best interest decisions had been made and recorded. Relatives and representatives held power of attorney so they could make decisions about the person's 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.

This is the first inspection for this newly registered service. This key question has been rated as 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 told us staff were really caring. Comments included "They go above and beyond the call", "I'm very well looked after" and "The little things they do make life a lot more comfortable." Professionals said, "I have always found them to be extremely caring and keen to provide the very best for their clients" and "Very caring and compassionate."
- When staff referred to people they supported, they spoke with genuine warmth and compassion. One staff member said, "Love the clients to bits, they're all great".
- People benefited from a small regular staff team and they really appreciated the continuity. A professional said "I feel very fortunate to be able to recommend Sarah Carers as a provider knowing people will get continuity and consistency of care - focusing on what matters most to the individual." A relative told us they received a very personalised service and the continuity made them feel more comfortable to talk about anything. People had developed relationships with the staff team and they enjoyed sharing their lives. People knew staff well and showed affection. One person said, "I look upon them as being part of my family." Another relative had fed back to the service how much their loved one had improved and come out of herself. They said the person and staff were always laughing and joking and had built a great relationship. Staff told us they got to know people really well and had built relationships with them and their families. This enabled staff to look for ways to improve each person's quality of life. For example, one person was feeling isolated at home. Staff worked with the person's relative to arrange a weekly visit and escorted them there. This was really important to the person as they liked the company and reminiscing about their family's lives.
- We heard examples of staff going over and above what was expected of them. For example, one person loved music and used to be a dancer. Staff took time to listen to the music with them and the person would teach them how to dance. Staff checked when dance programmes were on and put them on the television. The person really enjoyed this and it increased their sense of wellbeing. At Christmas, staff looked for ways to make sure people were not on their own. The service was taking part in 'Operation shoebox'. They had approached local businesses and the community asking for donations. Staff knew what people liked and the service bought personalised gifts. Staff wrapped the gifts and delivered them on Christmas day. Staff told us they wore Christmas jumpers and enjoyed these visits. They made sure people had a good dinner. Staff told us this meant a lot to people.
- Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, one person's mobility had deteriorated. They were worried about attending a medical appointment on their own. A staff member was matched with the person who took

them to the appointment and stayed with them throughout. The staff member told us how they had driven the scenic route and had a laugh on the way to the appointment. This reduced any anxieties and as a result, the person had built trusting relationships with staff.

- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, and faith. For example, one person was no longer able to get to their Sunday lunch club due to their mobility deteriorating. It was arranged for staff to support them to get ready, help them into the car, and escort them to their table for their meal. Staff returned to pick them up when they rang to say they were ready.
- People's religious, cultural and social needs were considered during care planning and delivery.

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

- People had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff. The provider said, "The person-centred approach to planning allows clients to take more control of their own care planning and to have more control over how their needs are met." Staff put people at the centre of the service and reflected the provider's values.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.
- Staff were skilled at communicating with people's relatives, where appropriate. One relative told us the service was personalised, everything was taken in consideration, and they were always able to speak with staff or the provider.
- The service signposted people and their relatives to sources of advice and support. For example, information relating to voluntary services, personal alarm systems, and health and wellbeing had been given to people. The service had contacted a voluntary group who provided transport and support. As a result, one person who needed to attend a number of hospital appointments had not had to pay for taxis and care staff to support them. The person was very happy with the arrangement and felt more confident.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected and promoted their privacy, dignity and independence. The service placed respect for people's privacy and dignity at the heart of its culture and values. These values were discussed at staff supervisions and in team meetings.
- Staff encouraged people to maintain and improve their independence. There was evidence of the number of care visits being reduced as people regained their independence. For example, one person returned home from hospital with four care visits a day. Within the first week, this was reduced to three visits. At the time of the inspection, they now received two visits. Staff proudly told us the person was more independent and improving quicker than they expected.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

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 as 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 received a personalised service to meet their specific needs, preferences and wishes. The provider was passionate about making a difference to people's lives and committed to promoting a caring culture throughout the service. Their vision was to deliver care with a person-centred approach looking after people in a holistic manner, ensuring both their physical and psychological needs were met.
- Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. Staff knew how to meet people's physical, emotional, and social needs.
- People benefited from a small team of staff who knew them really well. Staff quickly identified people's changing needs and actions were taken. For example, one person was at risk of falls and had fallen. The service worked with the person, their relative and health professionals to ensure appropriate equipment was put in place. As a result, the risk of falls had been reduced and the person was more comfortable. Another person was not eating enough. Staff showed the person a brochure and suggested ordering meals for delivery to their home. The person told us how much they now enjoyed their meals and were extremely grateful.
- The service was responsive to people's needs. People told us the service was flexible and responded to requests for additional visits or changes. For example, one person had recently fallen and was worried about getting up during the night. The service did not have staff available to cover overnight visits. Staff members worked additional hours to carry out visits to ensure the person was safe. Staff reassured the person during a visit and made sure they were as comfortable as possible. The person told us this gave them peace of mind.

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

- Staff supported people with activities and found ways to enhance people's quality of life. For example, staff knew one person really liked watching 'Downton Abbey' on the television. When the film version came out, the person wanted to see it but couldn't go on their own. Staff checked out wheelchair access at a local cinema and went to watch the film with the person. The person was very pleased they got to watch the film. Another person really liked gardening. Staff regularly supported them on outings to local garden centres, where they enjoyed coffee and cake together.
- The service arranged events for people and had strong links with the community. For example, the service held a 'Cupcake Day' at their office to raise money for the Alzheimer's Society. Invites were sent out and several people who used the service and staff popped in. Members of the public walked in from the street. Staff provided the cakes, some of which had been homemade. After the event, staff took cakes out to people

who had not been able to attend.

- People received a monthly newsletter which told them what was happening in their community. There was useful information about wellbeing, recipes, and a word search. One person had fed back the word search was too easy. As a result, staff had added more word searches with different levels of difficulty so people could pick which one suited them best. Staff told us one person wasn't able to understand the newsletter. The person loved colouring so staff had printed off sheets of mindfulness colouring instead.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- A professional gave feedback to the service in relation to the end of life care they provided and said the care given had been 'outstanding'. They were impressed by how staff had looked after both the person and their family.
- Staff members had specific skills and knowledge to support people and their families. For example, staff had completed training in end of life care. Advanced care planning documents had been introduced to record people's wishes, beliefs and preferences.
- The service arranged cover for staff so they could attend the funerals of people they had regularly visited. During our inspection, a number of staff went to a funeral to pay their respects.

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 assessed people's information and communication needs. These needs were identified, recorded and highlighted in care plans. People's needs were shared appropriately with others. For example, one person was very hard of hearing. They found it difficult to hear over the telephone, therefore the provider would visit them and speak with them face to face if they wished to discuss anything.
- People's information and communication needs were met. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People were extremely pleased with the service and told us they didn't have any complaints. One person said, "I can't fault them".
- Each person had a copy of the complaints procedure in their home. The service had not received any complaints.

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 as 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

- People benefited from a well led service. People told us they were very happy with the service. When we asked one person if the service was well led, they responded "I couldn't ask for anything better". Other comments included "I'm very happy with them" and "We're very lucky".
- Since their registration, the provider and service had achieved the Gold award for 'Care Champion', the Silver award for 'Domiciliary provider of the year', and the Bronze award for 'Care Assessor of the Year' at the Outstanding Care Awards for Devon and Cornwall. When asked about the provider, professionals said, "She is an inspirational leader who wants to give the very best quality of care to people in her community and is a role model to her team" and "She is always keen to learn and strives to run an outstanding company. So impressed with her commitment and dedication to ensuring she gets things right. She is amazing, caring and a pleasure to collaborate with."
- People were placed at the heart of the service. The provider's values were embedded throughout the service and discussed with staff during practice, meetings and supervisions. The culture of the service was very caring and focused on ensuring people received the highest quality care. Staff were passionate, highly motivated and proud to work with the service. Comments included, "I love my job" and "I want to go to work, what can be better than that".
- The service had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, staff chose where they would like to go for their Christmas party, and received a free massage and pamper session to celebrate their achievements. Staff received regular praise for achieving excellent outcomes for people. Every staff member was given the day off work on their Birthday. The staff team met up and had a Birthday breakfast together.

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous improvement both within the service and within the care industry.
- The provider was working with other home care services to improve outcomes for people receiving care. They used a local social media chat app and regular meetings to share good practice and support each other. For example, another provider had set up a 'Fish and chip lunch' every fortnight for people who used their services. The provider had been invited to attend as a trained nurse to answer any questions people may have. They told us this had led to lots of chatting and discussion. The provider now invited people who used their service as well and people really enjoyed it.
- As a registered nurse, the provider worked with other nurses to maintain their registration. Another professional told us the provider was very competent and how they benefited from discussing clinical

practice. The provider was also working towards the Level 5 Diploma in Health and Social Care.

- Professionals were impressed with the way the provider worked in partnership with them to ensure the best possible outcomes were achieved for people. For example, when the provider handed over a care package to another service, we were told they provided an 'amazing' handover. They attended joint visits, went to the other service's office to discuss the person's care needs in great detail, and provided shadowing with new care workers. This ensured a smoother transition for the person who used the service.
- The service was working in partnership with another agency by purchasing advent calendars and giving them to children who wouldn't receive one otherwise.

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

- People were involved in the running of the service. People and their relatives acted as 'mystery shoppers' and carried out checks on staff within their own home. They were asked for their views about the service informally at visits, and via phone calls and surveys. Each person was invited to complete a questionnaire. A recent survey showed people were very happy with the service.
- Staff felt able to contribute their thoughts and experiences informally and through regular meetings. Social media were used to communicate updates in best practice. Staff were invited to complete surveys to give their feedback. The responses were all very positive. Comments included "Very efficient and appreciative of the work we do" and "The staff are all helpful and friendly."
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally with respect for protected characteristics.

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

- People benefited from strong leadership and oversight. The provider knew people who used the service really well, worked alongside staff to deliver care and worked to improve social care in the local community. The management and staff structure provided clear lines of accountability and responsibility. There was a stable and experienced staff team.
- Staff knew what was expected of them, were passionate, motivated, and enthusiastic. They shared the philosophy of the provider to put people at the heart of everything they did and to focus on what was most important to them. They understood their roles in achieving the vision of outstanding personalised support.
- Effective quality monitoring systems were in place to continually review and improve the service. Checks and observations to assess staff competency were carried out regularly. The provider carried out regular audits. For example, when a person was admitted to hospital the provider gave a thorough verbal handover to the paramedics. In order to save time if this happened again, the provider completed a transfer letter with each person so the paramedics could quickly access the information they needed. They told us this worked extremely well if the person was unable to answer questions themselves.

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 was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider understood the duty of candour in respect to being open and honest with people and relatives.