

SD Home Care Ltd

# SD Home Care Ltd

## 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

SD Home Care Ltd is a home care agency providing personal care to two people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by staff who understood their responsibilities to report concerns of abuse. Risks to people's safety were assessed and managed to keep people safe. People had support from a consistent team of staff and medicines were managed 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's needs were assessed and considered any protected characteristics as defined in the Equality Act. People's dietary needs were met. Staff had received training and supervision to enable them to support people effectively.

People told us that staff were kind and caring. Staff demonstrated that they promoted people's dignity and independence. People were given choices and supported to be involved in planning for their care.

People were supported by staff who knew them well and encouraged to take part in community activities. Complaints made had been investigated and resolved.

People and staff spoke highly of the provider and registered manager. Systems were in place to monitor the quality of care provided and people were given opportunity to feedback on the quality of the service.

### Rating at last inspection

This service was registered with us on 11 April 2019 and this is the first inspection.

### 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 

# SD 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 Care Act 2014.

#### Inspection team

The inspection was carried out 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 service had a manager registered with the Care Quality Commission. This means that they and the provider 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 or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

#### During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff as well as the provider and the registered manager.

We reviewed a range of records. This included two people's care records and 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.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff visited them in their homes. One person told us, "I am very safe with [staff member] here."
- Although no safeguarding incidents had occurred, there were systems in place to ensure any concerns would be escalated appropriately. Staff had received training in how to safeguard people from abuse and knew their responsibilities to report concerns. One staff member told us, "I would report it to my manager. If I didn't feel enough was done, I would go higher but I have all faith in [Registered Manager] to do what is needed."

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

- Risks to people's health and safety were managed safely. Identified risks were assessed and detailed guidance was in place informing staff of the actions they should take to reduce the risk. For example, where a person was at risk of suffering ill health as a result of an injury sustained, care records held detailed explanations of what the ill health could present as, including a description of symptoms, and how staff should respond to this. Staff knowledge of these risks reflected the information given in care records.
- The provider had systems in place to reduce risk where possible. Where incidents had occurred, staff and the management team responded in a timely way to reassess risk and ensure people's safety. For example, where a staff member identified a person may be at risk while preparing their own meals, this was shared with the management team who immediately adjusted the person's visits to ensure staff were present to support with meals and keep the person safe.

Staffing and recruitment

- People told us they had support from a regular group of staff. One person told us, "I always know who is coming [to my home]. It has never been someone I didn't know." People also confirmed staff always arrived at the agreed time and did not rush when with them. One person explained, "They [staff] do arrive on time unless there is a problem, but there is nothing they can do about that. I get a message if there is an issue but that has rarely happened."
- The provider's systems ensured people received their care on time. Office staff were able to monitor staff arrival time and would be alerted where a staff member had not arrived within 15 minutes of the agreed time.
- Staff had been safely recruited. Staff told us and records confirmed staff had been required to provide references from previous employers and complete checks with the Disclosure and Barring Service (DBS). The DBS would show if a staff member had any criminal convictions or had been barred from working with people in their own homes.

### Using medicines safely

- People told us they were supported with their medicines in a safe way. One person told us, "[Staff member] puts my medicines out ready for me, at the time I got to have them. She makes sure I get them at the right time."
- Staff had received training in how to administer medicines and could confidently describe how to support people with this. Records indicated people had received their medicines as prescribed.

### Preventing and controlling infection

- People told us staff followed good infection control practices, including wearing gloves and aprons. One person said, "[Staff member] does wear gloves and aprons when she needs too. They would never leave my home untidy." Staff had received training in infection control.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them receiving support. These initial assessments considered the person's wishes for their care, as well as looking at their past life history and current care needs. These assessments show people had been involved in this process.
- Assessments of people's needs had considered any potential characteristics protected under the Equality Act; for example Religion.

Staff support: induction, training, skills and experience

- Staff had received an induction prior to starting their role that included completing training and shadowing a more experienced member of staff. New staff also completed the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to.
- One staff member said, "The induction included activities, such as 'looking through the eyes of the person' It was really eye opening, a really good experience. It was laid back and left me wanting more." All staff spoken with told us that the induction prepared them to support people effectively.
- The provider had been operating for under a year so had not yet needed to refresh any staff member's training. However, this was in progress and the provider was seen to be signing up staff for additional courses to enhance their knowledge. A staff member confirmed this and said, "We can come in and say if there is any training we would like. I have just signed up to some additional courses with the other carers, it will be busy but it's so important to have that knowledge and understanding."

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

- People who received support to eat and drink were happy with how staff supported them. One person said, "[Staff] do help me with meals if I need it, I do try myself but if I'm in a rush or I can't do it, they will help me. They leave it to me to choose."
- Where people had specific dietary requirements, these were clearly recorded in people's care records, alongside details of their preferred food and drinks. Staff spoken with knew people's dietary needs and how these should be met.

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

- The provider told us, on occasion, they had accessed emergency healthcare for people. This had included calling emergency services where people required immediate support. Following the inspection, the provider informed us of an instance where they had remained with one person throughout the night while healthcare assistance was sought and the positive impact this had on the person.

- Although people currently receiving support had help from friends and family to access more routine healthcare services, the provider indicated that they would support people with this where needed.

#### 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 told us staff always sought their consent prior to supporting them. Staff demonstrated an understanding of the MCA and the importance of obtaining consent. One staff member explained, "I always ask, if [person] refused that's their choice I will ask again, but if they don't want it, she doesn't want it."
- Staff had received training in MCA and both they and the registered manager understood their responsibilities in line with this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the staff supporting them. Comments made included, "I get on well with all of them, they are really lovely people. They treat me with respect" and, "[Staff member] is a lovely person, very helpful, and nothing is too much trouble."
- Staff had clearly developed friendships with the people they support, referred to people as being like 'family' and displayed pride in people's achievements. For example, where one person had recently reached a personal milestone in their recovery from injury, staff expressed to us their excitement and pride in the person and their achievements.
- The Provider and staff went above and beyond in ensuring people felt cared for. Where one person's relative required support, staff provided this despite the person not being funded for this help. The provider told us, "We support the person's relative as well, as it affects the person. If their relative is distressed, it upsets the person and we would never want that, so by supporting their relative as well, it settles them. I would never want staff coming into my home and ignoring my loved one's needs, so we make sure the staff don't do it."
- The provider and staff had continued to keep in contact and maintain friendships with people after their support ended. For example, one person who had recently moved into a residential care home continued to receive visits from both the provider and staff and was taken out to coffee mornings by them, in their own time.

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

- People told us they felt involved in their care. One person told us, "It is important to me to know what's going on, and they [staff] do that. They listen to me and accommodate me with whatever I need if something needs changing. They are very good like that."
- Care records showed people were active partners in planning for their care and had been involved in all decisions around their support.

Respecting and promoting people's privacy, dignity and independence

- People felt treated with dignity. Staff gave examples of how they promoted people's dignity including; giving choice, supporting people to dress how they choose and respecting people's privacy during personal care. One member of staff told us, "I always try and put myself in their shoes [and think about how they feel]."
- Peoples independence was encouraged. Care records indicated what tasks people were able to do independently and staff gave people opportunity to do this. One member of staff said, "We [me and person] have great teamwork with the washing up."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were supported by staff who knew them well and understood their likes, dislikes and preferences with regards to their care. People had support from a consistent team which supported staff in getting to know people's wishes. People told us that the provider was accommodating and would make changes to care provisions where needed. For example, changing visit times to suit people's plans for the day.
- Care records were individualised and had been devised with the participation of the person. There were detailed life histories in place and people's preferred, food, drink and routines were noted and acted upon. This helped to ensure people received person-centred care.

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.

- Although no-one receiving support from the service had any sensory impairments, care plans were detailed and described how best staff could communicate with people. For example, records indicated where people would be able to verbally inform staff of what help they wanted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them to access community activities where needed. One person said, "Staff take me out down the road to the shops, they go to Zumba with me and stay throughout the class."
- Staff had been pro-active in preventing social isolation. For one person who did not often leave their home, staff had worked with them, located activities that may be of interest and encouraged the person to attend these. The person now attends weekly activities outside of their home with staff support.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and were confident any issues would be acted upon. One person told us, "If I wanted to complain, I would go to [registered manager], It's her job to put things right."
- Where complaints had been made, a record had been kept of this alongside details of actions taken in response to this. These showed complaints made had been investigated, resolved and the outcome shared with people.

## End of life care and support

- No-one who currently received support from the service were at the end of their life. However, the provider informed us that care plans would be put into place should the need arise. The provider understood the need to ensure these detailed any specific wishes the person had.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they knew the registered manager and the provider and felt the service was well led. One person said, "The managers come to see me, they are lovely, really lovely." People who used the service had close relationships with the provider and had recently worked with staff to make video messages to celebrate the provider's birthday.
- Staff morale was high and many staff contributed this to the support and values displayed by the provider and registered manager. Comments made included, "They [provider] are not just people I work for, I feel they are my friends," and, "They [provider] want us to build relationships with people, and not be robotic about it when we are supporting people. We are human here."
- The provider and registered manager demonstrated a clear commitment to ensuring person centred and empowering care, and told us, "First and foremost we want our team to care, you can't teach that. Values are important, we don't just want people with qualifications, we want them to share our values."

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 open and honest where things had gone wrong. Complaints made were appropriately discussed with staff and people who use the service, and where needed, notifications of incidents had been shared with the local authority and CQC.

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

- There were systems in place to monitor quality. This included monitoring of staff visit times, medication and daily records completed by staff. We saw where records indicated that care had not been provided, this was followed up with the staff and reasons for tasks not being completed were recorded. These systems were reviewed weekly.
- The provider and registered manager understood the regulatory requirements of their role and displayed a commitment to ensuring these were adhered to.

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

- People felt engaged with the service and able to express their views with the provider and management team. One person told us, "They [management team] like to visit us and see how we are doing, and make

sure everything is going smoothly. They come once a month and its lovely to see them. They keep me well informed."

- Reviews of people's care took place and we saw that people were asked for their views in these meetings.
- Staff told us that regular team meetings took place to discuss the service and agree actions as a team for improving quality. We saw these team meetings taking place during our site visit.

Continuous learning and improving care; Working in partnership with others

- The provider had been proactive in learning and improving care and worked with other agencies to do this. For example, the provider had undertaken a number of qualifications to enable them to train their own staff. This included Dementia Awareness.
- The provider and registered manager had completed a Dementia Friends scheme with a Dementia charity and used their learning from this to deliver awareness workshops throughout the local community. In addition to this, the provider had worked alongside a local police force to raise awareness of scams that people could fall victim too.