Severn Sunrise Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 26 and 27 September 2017 and was announced. This was the first inspection of this service.

Severn Sunrise Limited is a domiciliary care agency providing care and support for twenty people in their own homes.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns. People's medicines were safely managed. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people. People were protected by staff having regard to the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions and to ensure decisions are made in their 'best interest' when required.

People were supported to maintain good health and be involved in decisions about their health. The service was supported by community healthcare professionals to monitor people's health. People were provided with individualised care and support. Staff had the knowledge and skills to carry out their roles and their training was updated. Staff knew people well and treated them with dignity and respect. One person told us the staff were really friendly and caring.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. All accidents and incidents were recorded and preventative measures identified.

People's medicines were managed safely in their home.

People were supported by sufficient staff who had thorough recruitment checks and an induction to the service.

Is the service effective?

Good

The service was effective.

People's health needs were well supported through access to healthcare professionals.

People's rights were protected by the correct use of the Mental Capacity Act and decisions were made in people's 'best interest' when required.

People were supported by staff that had the knowledge and skills to carry out their roles.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. They knew staff well and had good relationships with them. Staff spoke respectfully about the people they looked after.

People were looked after in the way they wanted and were encouraged to influence how staff cared for them.

People's privacy, dignity and diversity was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support and were involved in decisions about their care.

Care plans were regularly reviewed with people and their relatives.

There were arrangements in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager was accessible and supported staff, people and their relatives through effective communication.

People and staff completed quality assurance surveys and the registered manager made improvements where necessary.

Severn Sunrise Homecare Limited

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 was planned to check 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 took place on 26 and 27 September 2017 and was announced. The provider was' given notice because the location provides a small domiciliary care service for 20 and staff were often out during the day, we needed to be sure that someone would be in.

We reviewed the information sent to us in the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

The inspection was carried out by one inspector. We spoke with one person and their relative in their home and one person on the telephone. We also spoke with three relatives on the telephone. We spoke with the registered manager and the nominated individual of the provider, one healthcare professional visiting a person and four support staff. We reviewed four care records for people who received personal care and checked records relating to staff recruitment, support and training and the management of the service. We also contacted health and social care professionals involved with the service.

Good

Is the service safe?

Our findings

People were kept safe by staff trained to recognise signs of potential abuse and who knew what actions to take to safeguard people. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member. Staff knew who to call for assistance should they need help or advice. All incidents had been recorded and reported as required. One person told us they felt safe with the staff. One relative told us their relative living with dementia was safe with support staff and they had no concerns. They said the person was never upset about support staff visiting. Four staff told us they had completed training to safeguard people and knew how to report any abuse to the registered manager. All staff had completed safeguarding adults training.

People were supported by sufficient staff to meet their needs. Staff were deployed to meet people's needs and electronic checks ensured they had arrived. When two staff were needed to hoist people this was arranged to ensure people were moved safely. Staff told us they were given sufficient travelling time to ensure they were on time for visits and to complete people's care and support. People were provided with a weekly list of the staff rostered to provide their care. One person told us the registered manager introduced new staff when they started and always let them know when there was a change in the rota.

People had individual risk assessments in place which were reviewed six monthly or when there were any changes. The risk assessments recorded for one person we visited included a risk assessment of their skin to any possible breakdown as they were not independently mobile. Clear actions were recorded for staff to check and protect skin pressure areas to minimise the risk of breakdown. Other risk assessments included moving and handling people and medicines. There was a risk assessment of people's homes to ensure they and staff were safe which included checking smoke detectors were installed. The registered manager had liaised with families to prompt a fire safety officer to visit them to give them safety advice and a booklet about fire safety.

There were thorough recruitment procedures where checks had been completed to help ensure suitable staff were employed to care for and support people. Staff had provided training certificates to evidence previous training they had completed. They completed an induction programme when they started and shadowed experience staff until they were competent.

Medicines were safely managed. People were supported to take their medicines and staff applied prescribed creams. The medicine records we looked at were complete and staff had signed they had been administered. People were encouraged to store their medicines safely. Staff were trained to administer medicines and the registered manager completed their annual competency checks.

Accidents and incidents were recorded which included reflective practice and preventative measures where necessary. One accident report had included the involvement of an occupational therapist and physiotherapist. Staff were trained in infection control and took personal protective equipment and hand gel with them to use to prevent cross infection.

There was a comprehensive business continuity procedure where adverse conditions for example, information technology failure, severe weather and an infectious disease outbreak had contingency plans identified.

Good

Is the service effective?

Our findings

People were supported to maintain good health and improve their health where possible. Staff reported to healthcare professionals when people were unwell and their guidance was followed by staff to ensure people's health and wellbeing needs were met. The Providers information return informed us the service had recently been working with the specialist palliative care team and the community district nurses to ensure people received appropriate end of life care. People were encouraged to remain independently mobile. The registered manager was a moving and handling trainer and told us how they had developed a protocol for assisting one person to start mobilising with a special walking frame with support from the occupational therapist. The registered manager was updating the person's care plan to reflect their changing mobility needs.

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. We checked whether the service was working within the guidance of the MCA. Where necessary people's capacity to consent to receive care and support, for example, personal care, taking their medicines and managing finances had been assessed. Mental capacity assessments had been completed and one person living with advanced dementia did not have capacity to consent to personal care and medicine administration a 'best interest' record was required. A community psychiatric nurse had visited to support the person and the registered manager was aware the person's mental health needs had increased. The registered manager subsequently completed the 'best interest' meeting with the person and two of their relatives present.

People were supported with their meals to meet their individual needs. One person living with dementia was offered a choice of meals and their daily dietary intake and weight was monitored by staff. The consultant psychiatrist had assessed the person who did not recognise all foods. Their care plan had instructed staff to provide what the person recognised and ate, for example, they ate all the porridge prepared and their weight had stabilised. Currently care staff recorded their weight fortnightly. The registered manager told us one person living with diabetes was not eating and forgot at times to take their medicines to maintain their blood glucose levels. The service ensured they were supported with their health and nutrition. This resulted in hot meals being delivered and a talking clock put in place to remind the person about the timing of medicines. Care staff were trained in food hygiene to ensure safe food preparation.

Staff received suitable training, support and supervision. Staff had regular training updates to ensure they had sufficient knowledge to carry out their roles. Staff had completed all mandatory training the provider required which included moving and handling, first aid, fire safety, health and safety and safeguarding adults. The training record for all staff was updated to show when staff training was due. Care staff were supported through individual supervision meetings. The people they visited were discussed and their training needs. One records described the staff member had access to the local authority "Grey Matter

Group". The registered manager told us the agency paid to register all staff with this group that provided adult social care good practice information. Two new staff told us they had completed their induction training and they had individual meetings with the registered manager to plan any further training.

Good

Is the service caring?

Our findings

People had positive relationships with staff and they told us the staff were always there on time. Staff supported people with kindness and compassion and their privacy and dignity were respected. One person told us the registered manager is always popping in to make sure everything is alright and bring the weekly staff rota. They said they were informed about any changes to the rota and new staff were introduced to them. They told us the staff were "terrific" and "super". One person told us a member of staff had brought them rhubarb from their garden which they enjoyed. The person told us, "Anything I ask they [staff] do if possible." One relative told us, "I am very happy indeed with the care" and "I was very impressed when I visited unexpectedly and support staff were preparing tasty finger food treats like sausages to tempt her to eat." One person told us, "They [support staff] are really good, nice and friendly" and "Really caring" They told us the staff were always on time and stayed for more than the allocated 45 mins to make ensure their topical skin cream was applied after their shower.

The provider information return (PIR) told us, "Staff are screened at interview and we have adopted a set of questions to bring out the caring aspects during the recruitment stage. During and after induction staff are monitored and work closely with the manager to ensure both dignity and respect are adhered to alongside caring for people."

Staff knew, understood and responded to each person's diverse needs in a caring and compassionate way. People were supported to express their views and plan their own care and support. The staff we spoke with were positive about the people they supported and wanted to make a difference for them and improve their life. One staff member told us they always made time to talk to people about their day. People's choices were respected, for example one person preferred a male care staff member and this was achieved for them. Another person followed a particular religion and staff were respectful of the area of the home used for worship and the registered manager had provided staff with additional information to ensure they had some understanding of the person's diversity. Relatives were also asked to add any additional information staff may need to ensure they were respectful at all times. One person told us the registered manager always introduced a new member of staff to them before they began caring for them. They had requested to have only female support staff and this had been respected.

The service had recently provided care for a person at the end of life and was supported by the palliative care team. We looked at a card from the team and they had said, "Thank you for all your care and compassion." One person told, "I was down" and "I was worried about end of life care." The registered manager completed an advanced decision care plan with the person and they were more settled and reassured about the future. One community social care professional told us in a survey, "Every service user I have spoken to about Severn Sunrise are very happy with the care and know the carers that support them by name." There were 10 cards complimenting the staff about the care they provided. One example said, "Lovely kind, fabulous team cared for [X]. One relative told us. "I am very happy indeed with the care and support."

Good

Is the service responsive?

Our findings

The service provided care and support which was personalised and responsive to people's needs. The registered manager completed an assessment of people's needs before the service started. The information was used to complete the computerised care plan record which was printed for the individual person. Staff had access to the records from their secure mobile phones. Staff knew people well and when they needed changes to their care the registered manager ensured the records were updated for staff to follow.

Personalised care plans identified the support people needed. One staff member told us the care plans were "brilliant to follow." The care plans were detailed and included people's personal preferences and interests and were reviewed every six months or sooner if required. One staff member told us they sometimes took people out in their car. One person said, "Staff take time and make sure I have everything I want before they go." Two staff members told us they had enough travelling and care time allocated so they could spend time talking to people and getting to know them without rushing. The registered manager told us they provided care for a person who does not have English as their first language but they delivered care using other forms of communication for example body language and hand gestures. The staff had learnt some simple greeting words in the person's first language and the person and their family were pleased. Other family members were able to communicate in English to advocate for the person.

One person had a detailed care plan for staff to provide personal care and avoid any triggers of behaviours that may challenge them. The person was moved using a hoist and liked staff to provide some banter when they completed personal care. Two staff were present to hoist the person but they were advised only one person to communicate at a time with the person as they had difficulty communicating and sometimes used hand signals to show staff what they wanted. This supported the person to be involved in the delivery of their care.

The occupational therapist, physiotherapist and the district nurse supported the person when required. Meeting outcomes with health and social care professionals were recorded on the services database which staff had accessed to and ensured they were kept up to date with any changes.

One social care professional told us the service was easy to contact and the staff were friendly and went out of their way to help. They told us how knowledgeable they were during people's assessments. They told us, "Most notably they [care staff] have worked in a flexible way, working with service users that are challenging and have worked to build a rapport and a relationship as well as delivering high quality care."

Relatives were invited to six monthly reviews and people were asked what they liked and what they didn't like about their care and support. One person had said they liked having the same staff visit them but didn't like being on their own. The service ensured people consistently had the same care staff. The staff had identified the person was not eating and this was discussed. Their relative organised 'meals on wheels' and the person's appetite had improved. To aid communication with relatives some people had a communication note book for the family to record messages to the care staff.

People and their relatives had access to a clear complaints procedure. Any concerns were taken seriously and acted upon to people's satisfaction. One relative told us they had no complaints. One person told us the registered manager had listened to a complaint they made and it was dealt with immediately to their satisfaction. People had a contract with the agency and had agreed how to pay their fees. An incident with one person's invoices was quickly investigated to the person's satisfaction.

Good

Is the service well-led?

Our findings

The registered manager had previous experience providing a domiciliary care service. The Severn Sunrise Statement of Purpose informed us that they will provide support to individuals living in their own home, to assist and improve the quality of their lives whilst maintaining their independence and personal choice. The Statement said "Our aim is to make every day a good day for every one of our clients" and "The main focus of our work will be working with people with dementia and people who need enablement services." The service values included a commitment to high standards for people's care and teamwork with effective communication and mutual respect.

Staff felt well supported by the registered manager and were in regular communication with them to update their knowledge about people and procedures. They told us they often went to the office and rang the registered manager if they needed any information. The Provider information return (PIR) told us. "The manager meets with the team and individual staff members frequently and ensures that staff are happy in their work, competent and confident. The company has an open door policy whereby staff are always welcome to pop-in and discuss clients or personal issues. The manager ensures that all reported concerns are dealt with in a timely manner." Three staff told us they had completed a staff survey about the agency and they said the registered manager listened to them to try and improve things. One staff member told us, "Everything seems alright here". Another staff member told us they had their rota in advance and had enough time to take their breaks. The five staff surveys completed were mainly positive about the agency, one staff member commented, "I am happy in my new job and hope I will be a great carer to the clients". Another staff member wanted to progress in their work and have additional individual responsibilities to improve their knowledge of the service.

Quality assurance systems had started to be implemented, these included a monthly audit of medicine and daily report records. Plans were in place to introduce more audits for example to look at the services compliance with all the regulations to identify where improvements could be made. For example infection control and care plans. Audits and formal quality reviews were planned to start in October 2017. In the interim the registered manager was in close telephone contact with people and their relatives to check they received the service they expected. They also planned to complete more spot checks in people's homes to monitor staff competency. There was a digital record of staff's activities and the registered manager could see when staff had not arrived or had forgotten to log in when they arrived at a person's home. Staff were sent a text message to remind them to log in and an automatic email would be sent to the registered manager if the staff missed a visit. This assured the registered manager people had received their care and support as planned. There had been one delayed call when a member of staff emailed they could not do the call and the registered manager immediately provided care and support to the person.

The registered manager knew the people receiving personal care well and regularly visited them. People and their relatives had completed surveys to check their satisfaction with the service and any comments were acted upon to improve the service. One relative told us the registered manager regularly contacted them to ensure they were satisfied. Another relative said, "Excellent Care. I cannot think of anything that is not satisfactory." The registered manager had completed action from the last survey for example, staff were

informed about their dress code and using protective clothing to prevent cross infection.

Six people receiving a service had replied to a survey sent out by CQC and they were positive about the service. People told us, "I have never had any complaints or concerns for them to respond to. The service is always excellent and they always go the extra mile", "When I first left hospital I was worried that my care would suffer, but could not be more wrong! The care is superb in all areas, I cannot be more happy with them" and "I have not had any cause to raise a complaint." One relative told us, "A very caring and considerate company. Mum lives with my husband and myself and the scheduled visits can be very disruptive to other family members, however, this team of carers are very discreet and aim to provide the best care for mum, delivered discreetly with the minimum of disruption to other household members."

One social care professional commented, "The manager [name] is very good and quick at raising concerns so that they can be dealt with in a timely manner. She is approachable and will answer any questions or queries had. I have always had excellent feedback from locality teams/social workers about this provider. The provider has taken on challenging cases previously and has managed incredibly well."

Systems were in place to ensure the service would remain up to date with current good practice guidance. The PIR told us the service was involved with "The Social Care Commitment, Dementia Friends, Gloucestershire Dementia Strategy, Skills for Care, The Grey Matter Group and The Gloucestershire Care Providers Association. We keep up-to-date with current trends on a national basis by subscribing to on-line bulletins and news sheets." The agency received product and equipment safety alerts and acted upon these as necessary.

The registered manager had registered to receive the latest guidance from national organisations and had attended dementia link conferences. Where appropriate families were given a 'Dementia pack' with information of what to expect when a person is living with dementia. The agency encouraged people and their families to complete information called The Herbert Protocol to help the police should a person living with dementia be missing. The record included information to help find the person for example, their interests, how far they could walk, previous addresses and their favourite places.