

Snowdrop Home Care Ltd

Snowdrop Home Care

Inspection report

119 Comberton Road
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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

Snowdrop Home Care provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 21 people used the service and a registered manager was in post. 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 and relatives were very satisfied with the service people received and spoke highly of staff and the registered manager. People were supported by a small team of staff that understood their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations. Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements. There was a complaints procedure in place and people knew how to complain. The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis.

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 us on 22 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

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 ●

Snowdrop Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was 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 houses and flats.

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.

Inspection activity started on 04 March 2020 and ended on 16 March 2020. We visited the office location on 10 March 2020.

What we did before the inspection

We reviewed information we had received about the service since it's registration. We sought feedback from our partner agencies 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

As part of the inspection we spoke with four members of staff including the registered manager and three care assistants.

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

After the inspection

We spoke with three people who used the service and one relative via telephone about their experience of the care provided.

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 supported them. One person said, "They [care assistants] keep me safe in my own home so I don't have to move out."
- The provider had effective safeguarding systems, policies and procedures and managed safeguarding concerns using local safeguarding procedures.
- Staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Assessing risk, safety monitoring and management

- Before agreeing to start people's care service an initial assessment was undertaken to assess whether the provider could meet people's needs and identified risks.
- People's care files included assessments of risk which had been conducted in relation to their support needs. Risk assessments had been completed for each person's level of risk. This included any nutritional risk and to ensure safe support with people's medicines.
- Staff had knowledge of people's identified risks. The care documentation had risk assessments for staff to follow to ensure staff and people were kept safe from harm.

Staffing and recruitment

- Safe staff recruitment and selection processes were followed. Each staff recruitment file we looked at contained their DBS checks, references, proof of identity and the relevant health checks for their employment. These practices made sure staff were suitable to work with people before they started working with them.
- The staffing rota showed there were consistent staffing levels to meet people's needs. One person told us, "The girls [care assistants] are never rushed and take their time to help me do what I need to do".

Using medicines safely

- People received their medicines safely and medicine administration forms were completed correctly.
- All staff had their competency for safe medicines administration regularly assessed by the registered manager to make sure staff did this safely and in line with good practice guidance.
- Medicine errors had been recorded and fully investigated. Any lessons learned were shared with the staff member and the team to help prevent any re-occurrence.

Preventing and controlling infection

- Policies and staff practices ensured people were protected by the prevention and control of infection.

- Staff had received training on infection control and prevention and had access to supplies of appropriate personal protective equipment, such as gloves and aprons. This ensured people and staff were protected from cross infection.

Learning lessons when things go wrong

- People and relatives told us they were happy with the service offered. Although none of the people we spoke with had felt the need to complain, they felt happy if they had any issues these would be resolved quickly.
- Staff and management met regularly to discuss all areas of care delivery to make sure staff continued to offer safe care.
- There were appropriate forms and processes in place for recording and investigating accidents and incidents which staff were aware of. The provider had systems in place to learn when things went wrong.
- Staff were aware to call the office staff to report any issues if there was an accident or incident.

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 had a comprehensive needs assessment to ensure their needs could be met before they started to receive support. Care and support plans were then created which were bespoke and person centred. These plans were regularly reviewed and met care standards.
- People's cultural needs were also identified and included in their care plans to show how these were to be met. For example, if a person wanted only male or only female care staff this was documented.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life

Staff support: induction, training, skills and experience

- When new staff joined the provider's employment, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, and moving and handling.
- Staff told us they were provided with good training. Staff told us, "The induction helped me prepare for my role and if there is anything, I don't feel confident with now, I just ask and the [registered] manager will arrange training."
- Staff were trained to be able to provide effective care. One person told us, "They [care assistants] are very good at their jobs and seem very well trained".
- Staff had regular supervision and team meetings, which they told us they found useful. They also described management spot checks in people's homes. These focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal. One person told us, "They, [staff], help me to cook whatever I fancy each day".

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies and professionals to ensure people received effective care.
- Referrals were made to other health and social care agencies if people needed to access other services such as GPs, health and social services.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access advice and support for their health issues. One person told us, "I know if I

needed the doctor or an ambulance, they [staff] would call immediately for me"

- Records showed people had been seen by a range of healthcare and social care professionals including GPs and social workers.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact office staff and update them.
- The registered manager told us that in an emergency, staff are asked to wait with the person until their relative or the ambulance arrives, so they aren't left on their own.
- Records showed the provider and staff worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local clinical commissioning group.

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

- The registered manager confirmed they followed 'best interest' decisions made by them, people's representative and when required a multi-disciplinary team of professionals. Records reviewed confirmed where this was required appropriate documentation was in place.
- All staff had undertaken training and had a good understanding of the MCA and how this impacted on people's daily lives.
- One person told us, "They [care assistants] always ask before they do anything, and I trust them to help me do tasks that are very personal. They try to keep my dignity intact".

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 were supported by kind, caring and compassionate staff. A person said, "We have a good chat and set the world to rights while [staff are] helping me get washed and dressed. This helps me feel relaxed".
- Staff had taken the time to get to know people and their preferences. One staff member said, "I feel honoured to have been able to get to know a person well and support them, and their family, in their final days."
- Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people.

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

- People's care records showed their care had been regularly reviewed and people were involved in discussions about how they wished to receive their care and support.
- Reviews also involved family or people's representatives where this had been agreed.
- Information about how people could access an independent advocate to assist with making decisions was provided.
- People's diverse needs were recorded. Staff we spoke with demonstrated a broad knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People made choices about their daily routines and led the way in how they wanted their care and support delivered. A person told us, "They [care assistants] help keep me safe in my own home, so I don't have to move out". One staff member told us, "I work with one person who always has the same breakfast each morning, but I always check with them before I cook it, as they may fancy something else".
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. One member of staff said, "It's the person's choice not ours, we have to be the 'chameleon' to fit in with their lives and how they want to live it. They [people] should not be expected to fit in with us".
- The provider supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which

supported them to maintain their independence. One person told us "They [care assistants] help me to keep my independence by giving me confidence in myself".

- Care records were handled in a way that protected people's confidentiality and complied with data protection legislation.

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 and their relatives were positive about the service people received.
- Staff understood how to deliver a personalised service. A staff member told us, "It's the things that most of us take for granted that makes a difference. I helped one person apply a full face of makeup and it really lifted the person's mood that day". Another staff member told us about a person they support who enjoys a television show, so the staff member watched it each evening therefore they have something to talk about during their visits.
- People told us, and care records confirmed people were actively encouraged to plan and decide what sort of care and support they felt they wanted. Where appropriate, their relatives were involved in care planning.
- Staff regularly reviewed care plans to ensure they reflected any changes in the person's needs.

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.

- People had communication plans in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others could best communicate with and support the person. The provider ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.

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 had the skills to meet, as well as an understanding of people's social and cultural needs, diverse values and beliefs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People and their relatives told us they would feel able to raise any concerns with the registered manager. One person told us, "I have never had to complain, but if I had an issue, I'd just call the office and I'm sure it would be sorted quickly".
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved.
- The provider had received several compliments especially in relation to the end of life care that had been

provided.

End of life care and support

- At the time of our inspection, no one was currently receiving this type of support. The registered manager told us if people required end of life support, they would offer this sensitively and with appropriate medical intervention needed for a peaceful death.
- The provider had a comprehensive end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively. This assisted staff in being prepared should anybody require end of life care.

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;

- There was a registered manager in post who provided leadership and support. The registered manager was open, honest and committed to making a difference to the lives of people using the service .

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

- People, relatives and staff told us the management made sure everyone received the support they required. A person said, "They [care assistants] always turn up on time or if they are running a little late, they'll let us know". Another person said, "Nothing is too much trouble, whatever we need, they [care assistants] help with". A staff member told us, "We are like one big family, we all support each other".
- Staff told us they were able to attend staff meetings and have their opinions heard. One staff member said, "[Registered manager] cares about us and the people [who use the service], they listen to our concerns and does something about it."

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

- The service was well-led by a registered manager who had a good understanding of their role. They worked together with staff to ensure compliance with regulatory requirements. This included ensuring the Care Quality Commission [CQC] were informed of incidents that could affect people's safety.
- All staff were clear about their roles, having been given information on induction and through training. Performance management processes were very effective, reviewed regularly and reflected best practice. One staff member said, "We always have equipment available which includes torches, rape alarms, masks, blank diary sheets and body maps".
- Staff meetings were held regularly giving staff the opportunity to discuss their roles and suggest improvements and training to further develop effective team working. Staff meetings gave management the opportunity to discuss people's care and share progress about the service.

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

- People were engaged with the service through regular reviews, monthly newsletters and staff meetings were well attended.
- The registered manager had developed questionnaires and surveys for people and their relatives to give

formal feedback annually. This information was used to shape the service moving forward to support people to achieve good outcomes.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- Records showed staff worked closely with health and social care professionals to ensure people using the service had the joined-up care and support they needed.