SGE Care Limited

SGE Care & Recruitment

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
SGE Care and Recruitment is a domiciliary care agency registered to provide personal care. At the time of the inspection, two people were receiving support with personal care and support.

People's experience of using this service and what we found
The service had systems in place to keep people safe from abuse. The service assessed risks to people to keep them safe when caring for them. Staff were recruited safely, their attendance to calls punctual and there were enough of them to provide care to people using the service. Infection prevention and control measures were in place. There had been no incidents or accidents but there were systems in place for the provider to learn lessons when things went wrong.

People's needs were assessed before they used the service so the provider knew whether they could meet those needs. Staff were trained how to do their job and were provided an induction before starting employment. People were supported to eat and drink and make choices with their food. Staff worked with other agencies to provide effective care, particularly health care professionals.

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 consent was sought when care was provided.

Relatives told us staff were caring. People's equality and diversity characteristics were respected. People and relatives were able to express their views about the care provided. People were encouraged to be independent and their privacy and dignity respected.

Care plans recorded people's needs and preferences and people received person centred care. People's communication needs and preferences were recorded in care plans so staff could meet them appropriately. There were systems in place so people and relatives could complain, but at the time of the inspection none had needed to. People had the choice to share their end of life wishes if they wanted to.

The provider promoted a person-centred service. Relatives and staff thought the service was well led. Staff and management knew their job roles and responsibilities. There were quality assurance systems in place, so the provider was able to continuously learn and improve, this included gathering feedback from people and relatives. Staff were able to engage with the registered manager through regular meetings or supervision. The service sought to work in partnership with other organisations to benefit people using the service.

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 10 January 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

SGE Care & Recruitment

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 Health and Social Care Act 2008.

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 and specialist housing.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 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 held received about the service. We sought feedback from the local authority and professionals who might 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 used all this information to plan our inspection.

During the inspection
We spoke with two relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and one carer for the service. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

We continued to seek clarification from the provider to validate evidence found. We looked at further evidence sent to us by the registered manager regarding training, quality assurance and working with other agencies.

Good

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 of 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

- They were systems and processes in place to safeguard people from the risk of abuse.
- The service had a safeguarding policy which staff told us they would follow. Staff received training in safeguarding and knew what to do should they suspect abuse. One staff member said, " [It's] important, we have to protect clients from harm and abuse and we have to inform the company about [any concerns]."
- There had been no safeguarding alerts raised by the service, and we saw no need for there to be so, but the registered manager told us they would notify the Care Quality Commission and the local authority. They said, "I will inform CQC and social services about it."

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Care plans and risk assessments contained information about people's care choices and potential risks to them. These were personalised covering individual's needs and highlighted specific risks to them. Risk assessments focused on health and people's home environment. Risk assessments we saw covered different aspects of care such as people's mobility, risk of choking and nutrition.

Staffing and recruitment

- Recruitment practices were robust. We looked at two care staff files. We saw pre-employment checks had been made on staff. These included criminal record checks, employment history and checking their proof of identity. This was done to ensure people were safe to work with vulnerable people.
- There were enough staff working to meet people's needs. Staff rotas showed the same staff worked regularly with people and relatives confirmed there were enough staff to meet people's needs.
- Relatives told us staff were punctual. One relative said, "Yes, I think they have never been late."

Using medicines safely

- At the time of our inspection there was no one at the service having their medicines administered by staff. However, we saw the provider had a medicines administration policy in place, had completed medicines assessments for people using the service and staff had completed training how to administer medicines. This meant the provider had prepared to ensure medicines would be managed safely in the event of their beginning to administer them.

Preventing and controlling infection

- The service sought to prevent and control infection. The service had an infection control policy which staff followed. Staff were trained on infection control, they completed infection control and prevention workbooks to ensure their competence and they knew how to use Personal Protective Equipment (PPE).

The provider supplied staff with PPE and had sufficient stock levels to ensure people and staff were protected. One staff member said, "Ensure clients are safe by washing hands, wearing gloves, wearing aprons, if you don't feel well then you have to take a test."

● Staff were tested regularly for COVID-19 to lessen the risk of infection to people using the service. Staff test results were recorded to monitor they were being completed so as to keep people safe.

Learning lessons when things go wrong

● At the time of our inspection, the registered manager told us there had been no incidents or accidents. We saw nothing to contradict this. There was an incident and accident policy, the registered manager told us they would follow should anything go wrong. They were also able to show us an incident and accident template staff would complete which included a section for actions the provider would take. The registered manager also told us they would share learning and improve care as appropriate.

Good

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 of 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 were assessed before they used the service. This was so the service knew whether they were able to meet people's needs. Assessments covered people's health needs, social circumstances and were the foundation of people's care plans. Assessments looked at people's equality characteristics and were in line with the law.

Staff support: induction, training, skills and experience

● Relatives told us staff were skilled enough to do their jobs. One relative said, "Yes they know what they are doing - they have training before they start work." One relative was particularly impressed with the service as they were prepared to work in a person-centred manner and receive training from the relative about how care should be provided. They said, "I train them up and show them what to do. I make sure they know what they are doing. It may seem like a lot but it gives me the confidence they understand [how we want care provided]."

● Staff received training so they could support people effectively. This training included safeguarding, equality and diversity and infection control. One staff member told us, "We get lots of training."

● Staff received inductions at the start of their employment. The provider kept documented inductions which showed staff were trained in topics such as personal care, food handling and moving and handling. This prepared them for their new roles.

● The provider had only recently started providing care and had not supervised staff formally. However, they were able to show us supervision contracts and policies and evidence their conversations with staff to ensure care was being provided properly.

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

● People were supported to eat and drink and maintain a balanced diet. Staff received training in food handling and preparation. Care plans contained information about people's nutritional needs. For example, one care plan highlighted the support a person needed with eating. There were specific instructions for staff about how this should be done and what risks to look out for. One relative told us, "Feeding they do, and they do it really well."

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

● The service worked with other agencies to provide effective care. The service worked alongside health and social care professionals, to ensure people received the care and treatment they required. This included social services and health care professionals. Staff recorded care notes which could be shared with other

health and social care providers as required.

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.

● Relatives told us people's consent was sought before care was provided. Care plans contained signed consent agreements which indicated people had given their consent. Where people lacked capacity, this was recorded, and family members were involved to assist best interest decisions being made.
● Staff were trained in the MCA. One staff member told us, "Yes we did [MCA training]. We learned about people's choices and how they make decisions."

Good

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 of 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

●Relatives told us people were treated well by staff. One relative told us, "They are kind, they ask permission." Spot checks showed people and relatives had given positive feedback about how people were cared for.

● People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity. One staff member told us, "I have to respect people's religion and cultures and I know I have to do it, they are my clients, it's their business and I respect them."

● Care plans recorded people's cultural needs. For example, we saw people's faith was recorded and staff were reminded to respect people's choice and beliefs. This meant the service took people's diversity into account when supporting them.

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

● People and relatives were able to express their views and be involved with decisions about people's care. One relative said, "I make the decisions, yes, the service ask me."

● Care plans contained signatures to indicate people's or relative's involvement. Care plan completion and reviews, spot checks and telephone monitoring provided various means where views could be expressed, and people could be involved in decision making around care. Staff told us they always sought people's views. One staff member said, "I always ask the clients what they want so I make sure I do thing how they want."

Respecting and promoting people's privacy, dignity and independence

● Relatives told us people's privacy and dignity were respected. One relative said, "Yes, definitely [they respect privacy and dignity], keep the door closed." A staff member confirmed, "I do everything in the bathroom and the door is closed."

● People's confidential information was stored in locked cabinets and or on password protected electronic devices.

● People's independence was promoted. Staff told us they encouraged people so as to promote their independence. One staff member said, "I always encourage them 'you are doing great' and 'you are strong', and they are happy with that with my help." Care plans contained instructions for staff which sought to empower people as much as possible and get them to do what they could for themselves.

Good

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 of 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 received care that had been planned and was personalised to their needs.

People's needs and preferences were recorded in care plans. Care plans contained personalised information about people and their needs and preferences. Care plans were reviewed regularly or as and when necessary, such as when people's needs changed.

● Areas covered in care plans included people's health conditions, their support needs and other information staff might need to know about their care and choices. Examples of these areas we saw included how people washed and bathed, mental health well-being and clothing choices. These areas were further detailed so staff would know whether a person wanted deodorant, soaps and oils added to their bath and the appropriate lighting environment for them. This meant staff provided care in line with people's choices.

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.

● The service met people's communication needs. Care plan contained information about people's communication needs and preferences. They were also formatted with pictures to make them more easily understood for people with communication needs. The provider told these could be made available in large print also.

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

● This service was small, and the provider was only providing personal care. However, the provider told us staff would be able to support people with activities if required. Care plans recorded the types of things people liked to do. For example, one person's care plan indicated they enjoyed eating out and having coffee outside their home.

Improving care quality in response to complaints or concerns

● Relatives told us they would be happy and able to raise complaints and concerns if they needed to. One relative said, "Definitely I would complain and [registered manager] listens to my concerns."

● The provider had received no complaints. However, they had a complaints policy and procedure and the

manager told us they would use any complaints received as potential means to improve care.

End of life care and support

● At the time of our inspection no one at the service was at end of life. However, people's end of life wishes could be recorded if they wanted them to be. The provider was also able to provide training for staff on end of life care should the service begin working with people who required this type of care.

Good

Is the service well-led?

Our findings

Well-led – this means 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 of 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

- The service promoted a person-centred culture. Care plans and other documentation placed people at the centre of their care. Training reinforced putting people first.
- Relatives told us the service was well led. One relative said, "[Registered manager] is supportive and very eager to listen and to help. I feel open to discuss my requirements with them and they have attention to detail; they take my feedback." A staff member said, "[Registered manager] is kind and they know their job well."

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

- The registered manager and staff were clear about their roles and responsibilities. There were job descriptions for staff which explained their roles and responsibilities.
- The registered manager was also the nominated individual for the provider and was responsible for how the service completed their regulated activity of personal care. They understood and monitored quality performance of the service, particularly staff practice. This was done through spot checks and telephone monitoring. The registered manager was aware of the risks people faced and the broader risks the service faced working within the adult social care sector.
- The provider told us they would inform relatives, local authorities and health professionals about risks to people where appropriate. They knew it was their responsibility to notify CQC when required to do so in line with health and social care regulation.

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 when things went wrong. Although there had been no complaints or incidents and accidents, relatives told us they were confident with the provider to act appropriately when things went wrong. We were told when there had been a mix up around a call the provider was candid about the mix up and had apologised.
- The provider told us they understood the duty of candour and would act appropriately should the need occur.

Continuous learning and improving care

- There were quality assurance measures and systems which the provider sought to learn from and improve

care. These included spot checks and telephone monitoring. These measures were completed regularly, and feedback was gathered from people receiving care, as a means to improve it. People's responses were recorded and where appropriate shared with staff. Feedback about the care provided was generally positive.

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

● People and relatives were able to engage with the service. The provider had regular contact with people and relatives to assure the quality of care being provided. This was done through telephone monitoring and spot checks.

● Staff were involved in how the service was run. Staff attended meetings and supervisions where they could engage with the provider and discuss how the service worked. Meeting minutes we saw indicated topics discussed such as PPE, training and development and COVID-19 testing among other subjects.

● The provider told us their hopes were that this engagement with people and staff would lead to learning and for care to improve as a result where required.

Working in partnership with others

● The service worked in partnership with others. The service was small and had yet to build a large client group and or network of relationships. However, we saw evidence of the provider reaching out to, and attending training provided by, NHS trusts and local authorities. This demonstrated their willingness to work in partnership with others to benefit people receiving care. The provider told us they would continue to seek out and forge partnerships to better community links and professional relationships.