

Sarah's Care Ltd

# Sarah's Carers (Suffolk)

## Inspection report

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29 June 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sarah's Carers Suffolk is a domiciliary care agency providing personal care to 54 people. The service provides support to older people and those living with dementia in their own homes, as well as a 'live in carer' service.

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 felt safe and well cared for by the staff that visited them. A person told us, "I do feel safe, they are all really lovely [care staff] who come out and they get on with their job - that's the main thing."

There were sufficient staff to ensure people received their care as planned. One member of staff told us, "I do have some [people] that I see on a more regular basis. In my opinion having regular [care] benefits both the [person] and the carer as it enables continuity of care and enables me to build a good relationship with the [person] and builds on trust."

Staff were recruited safely and received regular training and competency assessments. Medicines were managed safely, and staff were appropriately trained.

Staff respected people's diverse needs and treated them with privacy and dignity. People spoke highly of the care they received. One person said, "The care staff are so caring, I've only got to ask them for something, and they do it."

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.

The service was well-led by a management team who were passionate about delivering quality care and achieving the best possible outcomes for people. People, relatives and staff spoke positively about the leadership of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous premises was Good, published on 4 January 2018.

### Why we inspected

This service had not previously been inspected, under this current address and registration, and we wanted to check that people were receiving safe care and support.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Sarah's Carers (Suffolk)

## 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 undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2022 and ended on 29 June 2022. We visited the location's office on 21 June 2022.

#### What we did before inspection

We reviewed any information we had received about the service. We sought feedback from the local

authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We received feedback from 14 members of staff. We reviewed a range of records. This included people's care records and medication records. A variety of records relating to the management of the service, including audits were viewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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

- People and their relatives told us the care people received was safe and met their needs. One person's relative told us, "I do feel [family member] is safe with the carer, they are reliable, and we feel we can trust them."
- Care staff completed safeguarding training and were able to describe their role in keeping people safe and the importance of sharing information. One member of staff told us, "I feel supported and trained in my position. I am aware of procedures to report harm and whistleblowing policy."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs

Staffing and recruitment

- People received consistent care and support from suitably skilled and experienced staff.
- People confirmed they had not experienced any missed calls and any late calls were understandable and due to unforeseen circumstances.
- People told us their visits were usually carried out by regular staff with some variance at times. One person told us, "They are pretty good with their timing of the visits. There are several carers who come but one or two are more regular than others. I don't mind as they are all very pleasant."
- Care staff confirmed there was some consistency in who they were providing care to and that usually there was sufficient travel time to enable them to arrive on time. One staff member commented, "Usually we have plenty of time, but occasionally it'll be a bit tight." Another staff member said, "I never feel rushed when supporting [people] in regard to time and I think travel time between calls is sufficient."
- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment which included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were processes in place for staff to be able to administer medicines safely. People told us they received the support they required with their medicines. One person's relative said, "They give [family member] their medication from the original boxes which are kept in a locked cabinet, I am not aware of any

problems."

- People received their medicines at the times they needed them. The medicines administration records (MAR) we reviewed were correctly completed.
- Care staff had training in managing medicines and were required to undertake competency checks before they could administer these.

#### Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 policy in place. The service ensured an adequate supply of personal protective equipment (PPE) was available to staff.
- We were assured the provider was using PPE effectively and safely. Accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training and an assessment of their understanding.

#### Learning lessons when things go wrong

- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.
- Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

# 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, and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law. This included information about their health, their history, interests, hobbies, preferences, family and friends and the environment. This was used to develop the person's care plan.

Staff support: induction, training, skills and experience

- Relatives told us they felt care staff had the skills and training to provide effective care. A wide range of learning was available for staff to undertake to equip them with the skills needed.
- Care staff told us they felt the support and training they received had equipped them for their role. One care staff told us, "I feel I have always been supported with any concerns or queries I have. I can call into the office to speak to someone." Another staff member commented, "I don't feel there is any other training I need or want. If there was, I would feel comfortable in approaching my manager about this."
- The provider told us of staff learning and training undertaken that enabled them to work within their standards and values to provide people with effective care. This included 'train the trainer' for office-based staff so they could pass their learning on to other staff.

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

- People's dietary needs were recorded in their care plans and people were supported to ensure they received good nutrition and hydration where this was part of their care package.
- Care plans specified people's meal choices and preferences as well as any support needs.

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 collaboratively with healthcare professionals and specialists. The registered manager shared with us details of very positive feedback received from healthcare professionals about the care provided.
- The service monitored people's on-going health conditions and sought assistance from other agencies and professionals 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A policy on the MCA was in place and this helped to ensure people's care was provided in line with the law and guidance.
- Care staff had been trained in the MCA. Care staff regularly recorded they had gained people's consent before they provided any personal care in their daily care records.
- Care staff ensured people were given choice and control over decisions about their day-to-day care.

# Is the service caring?

## Our findings

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

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

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

- People told us they were well supported and treated with respect. One person told us, " My carers are lovely. They ask me about my life and [care staff] and I have a lot in common. They have matched us well. We both like [the same hobbies and interests]." Another person said, "They are very respectful the way they talk to me and they always clear up. We asked them to wear over shoes which they do. I have never heard them talk about anybody else they visit."
- Staff told us they enjoyed their role, particularly as they could make a difference to people's lives. They said they enjoyed getting to know people, and building trusting, positive relationships.

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

- People and those important to them were consulted in the development and review of their support needs. On a day-to-day basis staff asked people to make choices, such as what they wanted to wear or to eat.
- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- The service obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be in their day-to-day living tasks. Care plans detailed the tasks they were able to carry out themselves and where they needed additional support. One person told us, "They are all kind. I don't ever feel they take over. I make my own choices such as I choose what I'm going to wear. I never feel rushed by them- they look after me very well when they are here. We chat about our families and all sorts." Another person's relative told us, "[Family member] likes to be busy and doing things. So, they encourage with this within safety limits. For example, [family member] will go out with them when they go to hang the washing out and will hold the peg bag for them as they put pegs on the line."
- Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback indicated that care workers were always respectful of people's privacy and dignity.
- Staff knew people well including their preferences for how they liked their care, their personal life histories and their families.

# 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's holistic and care needs were thoroughly assessed and considered as part of their plan of care. One person told us, " Someone came out initially, [care staff] was a very nice person and went through what I need and then someone came out 3-4 weeks ago to see whether I was happy. I said there were no problems." People told us staff were very responsive to their needs.
- Care plans were personalised with details of how people wanted to be cared for and supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of their responsibilities under the Accessible Information Standards. People's care records contained information about their ways of communicating and their preferred methods.
- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints should they have arisen. This included providing people with information about the complaints process and to escalate this if needed.
- The majority of people and their relatives told us they had no reason to raise a concern or complaint about the service provided. One person said, "If I did have any concerns I would just phone Sarah's Carers and I'm sure they would sort anything out."

End of life care and support

- Where people were receiving end of life care there was information in their care plans about the care and support, they needed.
- The service linked up with external healthcare as required to ensure people were well supported and enabled to have their end of life wishes met wherever possible.

# 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

- The staff and registered manager supported people in a person-centred way. Each person's care plan was individualised and focused on their abilities and desired outcomes, which had been discussed with them or their representative.
- The registered manager and staff all had a good knowledge and understanding of the people they supported, and they knew them well. One relative told us, "I do think that Sarah's carers are superior to other agencies in the area. Anything we have raised with them has been sorted out."
- Staff were positive about the support they received from the management team. Comments included, "I feel [the service] is well led and I can approach [provider] and the office team. If I had any concerns." And, "Yes, I feel the service is well led, all the management team are approachable and supportive. On occasions when I have had to call them with any issues/queries they have been understanding, kind and given me good advice."

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 understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.
- People's relatives told us the provider was open and transparent. One relative said, "One of the things I did like about them was that they put their prices on their website which not many do. I appreciated that and it made me feel they were open and transparent."

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

- Majority of people and their relatives highly recommended the service. One relative said, "I would simply say to anyone whose thinking of using the service, you can be absolutely confident of a good service overall."
- A range of quality assurance audits and checks were in place to monitor and continually improve the service. These included regular audits which were conducted to review records and ensure any errors were promptly rectified.
- The provider submitted notifications to the Care Quality Commission in line with their legal requirements.

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

characteristics; Working in partnership with others

- Feedback was sought from people, their relatives and staff on a regular basis. This gave the opportunity to suggest any changes or improvements.
- The provider worked proactively with healthcare professionals involved in people's care. They made sure recommendations and advice from healthcare professionals were implemented. This helped to ensure that care and support was up to date in relation to people's specific needs.

Continuous learning and improving care

- Audits were used to identify areas of improvement and an action plan developed in response.
- Spot checks on staff took place to monitor how staff were providing care and seek people's feedback. This included timeliness of calls and the caring approach to people.
- The provider told us how they subscribed to relevant industry magazines and newsletters in order to ensure their knowledge was up to date and so they could share any learning with the staff team.