

Sarah Cares (Bath) Limited

Sarah Cares (Bath) Ltd

Inspection report

37 Beckhampton Road
Bath
BA2 3LL

Tel: 01225480808

Date of inspection visit:
25 April 2023

Date of publication:
25 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sarah Cares (Bath) Ltd is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to adults over 65 years. At the time of our inspection there were 55 people using the service.

Not everyone who used the service received personal care. Care Quality Commission (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 received their medicines safely from staff who were trained and assessed for competence. Staff had also received other training in areas such as moving and handling and safeguarding. Staff we spoke with knew how to keep people safe from avoidable harm. Any concerns were reported to the registered manager or senior team so appropriate action could be taken. Risks to individual's safety were recorded and guidance was available for staff to follow.

The service was well-led. There was a registered manager in post who understood their regulatory responsibilities. There was also a small senior team who helped to make sure people's needs were reviewed and care plans updated when needed. The registered manager had created a positive and open culture at the service and staff told us they felt valued. Staff often went out of their way to make sure people had what they needed at any time.

Feedback from people and relatives about the service was all very positive and many told us they would not hesitate to recommend this service to others. Person-centred care was a priority for the service and staff told us they all enjoyed their work. People and relatives told us they had care staff who were kind, caring and very patient. People were cared for by a stable and experienced care team. Many staff had worked for the service for many years and were allocated people to support on a regular basis. This helped provide a continuity of care which people and staff appreciated.

The registered manager told us they only took on new packages of care when they had staff to support people safely. All staff had contracted hours and established rotas which gave them enough time to spend talking with people if needed. This approach was appreciated by people and relatives who all told us they did not feel rushed while having their visit. Staff had been recruited safely.

Systems for quality assurance were in place and effective in monitoring all of the service. This included obtaining feedback from people, relatives and staff, checking medicines and carrying out unannounced spot checks on staff in people's homes. All the senior team was involved in the quality monitoring process.

Guidance and procedures were in place for staff to know how to work safely in COVID-19. There was plenty

of personal protective equipment available and staff knew when it needed to be worn.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 1 March 2018).

Why we inspected

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sarah Cares (Bath) Ltd on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sarah Cares (Bath) Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was announced. 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 21 April 2023 and ended on 9 May 2023. We visited the location's office on 25 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 7 relatives about their experiences of care received. We spoke with 7 members of staff and the registered manager. We reviewed care records for 7 people including medicines records, training information, staff rotas and scheduling, health and safety records, quality assurance records, the business continuity plan, quality and safety checks and audits, medicines competence checks, meeting minutes, incidents and accident forms, data protection information, compliments, 3 staff files for recruitment and policies and procedures.

We also spoke with 1 professional about the service and had feedback via email from another professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "I do feel safe with the carers", "My [relative] does feel safe because [they] know the carers well" and "I certainly feel safe, when [staff] showers me and washes my hair."
- People were being cared for by staff who had been trained in safeguarding and knew how to recognise signs of abuse. Staff knew how to report any concerns, and all told us they were confident any concerns would be dealt with immediately.

Assessing risk, safety monitoring and management

- People's individual risks to their safety had been identified and were known by staff.
- This included risks for people's moving and handling needs and when equipment was used, guidance to use equipment safely was in place. The service had an identified moving and handling lead who carried out assessments and trained staff. One relative said, "The carers check [relative] is safe and the house is safe. They look for trip hazards and remove them."
- Staff told us they had access to risk management plans in people's homes. Staff said they were able to inform senior staff if there were any changes and management were very responsive in updating guidance.

Staffing and recruitment

- People were receiving care and support from staff who had been recruited safely. Pre-employment checks had been carried out including a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People had enough staff to meet their needs. The registered manager told us they would only take on packages of care they were confident they could support. They made sure enough staff were available to cover people's calls and if needed senior staff would carry out visits.
- Staff signed in and out of their calls on an electronic system. This enabled the registered manager to check staff were staying the correct length of time on all calls.

Using medicines safely

- People's preferences and needs for their medicines were recorded in their care plans. Support staff needed to provide was clearly recorded and updated when needs changed.
- People were encouraged to maintain their independence to manage their own medicines. The provider sourced alarmed aids for people to use which alerted them to know when to take their medicines.
- Medicines were managed safely, and systems were in place to make sure staff were trained and

competent. Senior staff carried out competence checks to observe staff administering medicines regularly.

- For any specific medicines such as topical patches, we found there was body maps in place which staff used to record where on the body they had placed the patch. This enabled staff to rotate patches so they were not placing them in the same place which could cause irritation to the skin.

Preventing and controlling infection

- Systems were in place to make sure staff followed good infection prevention and control guidelines. The service had plenty of personal protective equipment (PPE) which staff had access to at any time. One relative said, "The carers were still wearing masks until very recently. I have been impressed how well they [staff] have stuck to that, and they all wore them properly too."
- Staff had training on safe systems of working and were provided with guidance where needed. Any updates were shared with staff and discussed to check understanding.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed. Follow up actions were taken such as calling the person's GP. The registered manager told us any learning to prevent recurrence was discussed with staff either in supervisions and/or at staff meetings.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- All the staff we spoke with told us the culture of the service was person-centred. The registered manager cared about people and wanted the best service for them possible. This care extended to people's partners and/ or relatives who were caring for people when staff were not present.
- The registered manager told us about free support they provided to partners and/ or relatives to give them a break from their caring role. The aim was to help them to continue their caring role and help people stay in their own home for as long as possible.
- Visits were planned so staff had time to deliver quality care and did not feel they had to rush to the next person.
- Comments from people and relatives about the staff included, "[staff] are very careful with [relative], they have lovely personalities and are so patient and positive", "The carers are not just in and out, they come in, sit with [relative] and give [relative] time, it is very personalised care" and "I am very happy with [staff], she is very good, very helpful and caring, outstanding I would say."
- Comments from staff about visits included, "We get sufficient time to deliver this service well, I don't like it if I feel I am rushing the person" and "I think client's needs are centred within this service, the service provided is second to none. It is a privilege to go into someone's home, to be a part of their lives, encouraging them and listening to them."
- All the staff we spoke with were highly complementary about the registered manager and senior team. They all spoke about how valued they felt and the "amazing" support they had received from the management team.
- Comments from the staff about the management included, "[registered manager] values her staff team, she wants to make sure the client's needs are being met. It is a lovely company to work for", "They are so supportive, always on the end of the phone. They are there to listen, they will do everything in their power to look after our health and well-being. They are incredible" and "I feel very positive about [registered manager], she is fantastic at what she does, she is really organised and has a good team."
- Staff shared examples of how the management had supported their well-being. This included flexible working to accommodate personal circumstances, help with personal development and financial support to help pay for unexpected expenditure.
- Continuity of care was very important to the service, so people only had a core group of staff supporting them. This enabled people to get to know their care worker well and build a trusting relationship. Staff told us the continuity enabled them to get to know people's needs and know when something was not right. This meant action could be taken in a timely way to refer to other agencies.

- People and relatives we spoke with were all highly satisfied with the service and would not hesitate to recommend it to others. Comments included, "I would 100% recommend the service. When we are there and see the staff with [relative] they are lovely with [relative], genuinely nice people", "I can't fault them in any way, they are a wonderful company" and "I cannot sing the service's praises highly enough. If I know anyone who needs care at home, I always recommend 'Sarah Cares'."

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 registered manager had a process in place for making sure they were open and honest with people when things went wrong. Letters of apology had been sent where appropriate and the registered manager told us they would visit people in person to make sure improvements were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing structure in place which all staff were aware of. The service had a registered manager in post who was also the owner of the service.
- Quality assurance systems were in place and working effectively to monitor quality and safety. Various audits and checks took place across the service and helped to identify where improvement was needed.
- Audits were carried out on people's records, for example, medicines records were checked monthly. Any action for improvement was completed with staff involved or people's records were amended.
- Quality monitoring visits also took place in people's homes regularly. Senior staff carried out unannounced spot checks to make sure staff were following the provider's policies and procedures. Staff told us they welcomed these checks and understood why quality monitoring was needed. One member of staff said, "They [senior staff] come and assess you, they come and do spot checks. I like the thought someone checks, making sure everything is ok."

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

- People had an opportunity to share their views and give feedback in a variety of ways. One relative said, "I am regularly contacted by the service and asked how it is going. A couple of months ago they rang to say a review was due. They asked to meet but [relative] agreed to a phone call review."
- The provider carried out regular 'after care' checks. This was a check which senior staff completed after care staff had visited people. Senior staff checked that people were happy with their visit and the staff who had delivered the care. They also checked staff had done all that was needed. This enabled the provider to address any concerns in a very responsive way.
- People and relatives were sent annual quality surveys asking them for their views about the care they received and their allocated care workers. Results were analysed so identify any themes for improvements. For example, if people shared they were not happy with times of visits, then this could be reviewed and changes made where staff had availability.
- Staff had supervisions, appraisals and spot checks carried out which enabled them to meet and talk with senior staff. Any ideas or concerns could be raised, and action taken where needed. For example, if a member of staff wanted more training on a particular topic this was arranged.
- Without exception, all the staff told us they could share ideas for better ways of working. They told us the registered manager was very approachable and listened to what they said. Comments included, "[management] are both approachable, very open, no idea is too silly to put forward, I feel very valued" and "[management] are very open minded about suggestions. They always say please let us know if you think we can do better."

Working in partnership with others

- Management demonstrated a commitment to share information proactively with healthcare professionals to improve health outcomes for people.
- Evidence in people's records demonstrated the service liaised with various healthcare professionals in a timely way. The registered manager told us they had good working relationships with local teams and knew who to contact for various health conditions. One healthcare professional told us, "I have always found Sarah Cares extremely good, they are very attentive to their clients, caring and really do go the extra mile. Very competent and organised in their approach, very proactive and show a great deal of initiative, in addition they have a real passion and empathy towards the work with their clients."
- Staff worked with local charitable organisations to help people access local services. This enabled people to engage in their local community.