

Sapphire Quality Care Agency Limited

Sapphire Quality Care Agency Limited

Inspection report

31 Wetherby Road
Stoke On Trent
Staffordshire
ST4 8AZ

Tel: 01782921396

Date of inspection visit:
26 February 2019

Date of publication:
26 March 2019

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: Sapphire Quality Care Agency Limited is a domiciliary care service that provides support and personal care to a small number of older people. The service was providing personal care to 50 people at the time of the inspection. The service employed six office staff including the registered manager and 23 care staff.

People's experience of using this service:

Safe recruitment practices had been followed and sufficient numbers of staff had been recruited. People told us staff usually arrived at the time they expected them and stayed for the contracted amount of time. People told us they received safe care. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce these risks.

Complaints were managed well with outcomes and actions clearly documented.

Medicines were managed safely and staff completed training and had regular spot checks regarding this.

Care plans documented people's nutritional needs and these were known and met by staff. People told us they always received their choice of food and enjoyed the meals prepared for them.

Staff received regular training and supervision. They also attended staff meetings and had regular practice checks in the community. Staff we spoke with felt well supported in their role and able to raise any issues with senior staff and the registered manager.

The registered manager and staff worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded and followed by staff.

Consent to care and treatment was sought in line with the principles of the Mental Capacity Act 2005. People told us staff always asked for their consent before providing support. People's chosen advocates was documented in their care plans.

People told us staff were kind and caring and that their dignity was protected. This was also reflected within the discussions we had with people and their relatives during this inspection.

Care plans reflected people's needs, and held person-centred information. The care files had been reviewed regularly and people were involved in these reviews.

Systems were in place to gather feedback from people regarding the service and action was taken to improve the service, based on the feedback. The registered manager also completed regular audits and addressed any areas identified as requiring improvement in order to improve the service.

Rating at last inspection: This is Sapphire Quality Care Agency Limited's first inspection since becoming registered in July 2017.

Why we inspected: This was a planned inspection and the first for this service.

Follow up: Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

Sapphire Quality Care Agency Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Sapphire Quality Care Agency Limited is a domiciliary care agency providing personal care support to people in their own homes.

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 24 hours' notice of the inspection visit because it is small and we needed to be sure that someone would be available.

Inspection site visit activity was carried out on 26 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection

- We reviewed notifications we received from the service in line with their legal obligations.
- We looked at information the provider had sent us about the service in the Provider Information Return (PIR).
- We contacted the local authority contracts department for feedback about the service.

During the inspection

- We looked at the care records belonging to five people using the service. Three staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.
- We reviewed records of safeguarding investigations, accidents, incidents and complaints.
- We discussed quality assurance processes and checked recruitment, supervision and training information.
- We spoke with one person who used the service and seven relatives.
- We spoke with the human resources manager, the operations manager and the registered manager.

Following the inspection, we spoke to three care staff members.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe receiving a service from Sapphire Quality Care Agency Limited. Comments included "Safe, very much so" and "Oh yes I'm very safe."
- Staff had received safeguarding training and knew what action to take to protect people from the risk of abuse.
- The registered manager and senior staff maintained a record of the safeguarding concerns and referrals that had been made to the local authority when required.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this. Each staff member told us that they were fully confident that managers in the service would act appropriately on any concerns raised.

Assessing risk, safety monitoring and management

- There were appropriate risk assessments in place for risks that may arise whilst staff were providing support. These were detailed and provided guidance for staff to follow in order to mitigate risks to people's well-being and safety.
- Risk assessments had been completed with regard to moving and handling, medication administration and people's physical health. There were also environmental risk assessments in place regarding moving and handling equipment such as ceiling track hoists, wheelchairs, specialist beds and commodes.
- The organisation had invested in an electronic call monitoring (ECM) system where staff were required to log in and out of their calls. This reduced the risk of anyone's care visit being missed out as call attendance was monitored.

Staffing and recruitment

- People and their relatives told us there were sufficient numbers of staff to meet people's needs. Their comments included, "They are usually on time and call me if they're running late", "They stay the time" and "Yes we know the staff, could do with a smaller team though".
- We looked at three staff recruitment records and saw that staff were recruited safely.
- Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out and other pre employment checks were obtained such as previous employer references prior to employment. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. Staff also had access to best practice guidance regarding medicines.
- Medicines were stored safely in people's homes and people told us they got their medicines when they

needed them.

- Staff had completed training and had their competence assessed regularly to ensure they were safe to manage people's medicines.
- Records of medicines administered were maintained and we saw that all records were completed accurately. Each person using the service had a medication support plan in place including medication plans for any topical medications (creams) that the person needed. These were regularly audited.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training in infection control procedures and Personal Protective Equipment (PPE) was freely available for staff to use in the delivery of care.
- People we spoke with and their relatives were able to tell us that staff used the PPE. One commented "Oh yes they're always using them."
- Care plans documented how to reduce the risk of cross contamination during personal care, an example of this was the use of different coloured flannels for different tasks.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- We saw that appropriate action was taken when an accident or incident occurred. For example -, such as developing an action plan on how to effectively interact with a person to reduce challenging behaviours.
- The registered manager and senior staff acted to ensure lessons were learnt from any incidents. For instance, medicine audit checks showed that there had been practice concerns of staff. Processes were put in place such as spot checks and training.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that people had consented to their plan of care.
- We saw documented evidence of those people using the service who had a power of attorney in place. A power of attorney is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions.
- The registered manager was able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions.
- The registered manager was aware of their responsibilities with regards to mental capacity and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support.
- Staff told us they always asked for people's consent before providing care and people confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Guidance from the local authority was available, such as safeguarding procedures and thresholds. Records showed that staff followed this guidance.
- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required.

Staff support: induction, training, skills and experience

- Staff completed regular online and face to face training in areas relevant to their roles, to ensure they could support people effectively. Staff attended mandatory training in a range of health and social care topics including moving and safe handling people, medication and first aid.
- Staff also attend additional training specific to their roles such as awareness of mental health, dementia and learning disability.
- People and their relatives told us they felt staff were well trained and able to meet their needs safely. One relative told us "They seem to know what they're doing."
- New staff had completed a comprehensive induction which met the recommended induction standards. Staff competence was assessed during the induction process. Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice.
- Staff felt well supported and received regular supervisions to discuss their roles and any development required.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- People were protected from risks associated with poor nutrition and swallowing difficulties as risk assessments were put into place and actions identified to reduce risk.

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

- Care records showed that staff communicated with other health care professionals when needed including GP's and occupational therapists.
- Staff told us they would report any concerns regarding people's health to the registered manager, so they could liaise with family or the person's GP if appropriate.

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

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were kind and caring and treated them with respect. We were told "Sometimes they go above and beyond" and "Yes I'm happy, they're good." Relatives also said, "It's very person centred, they know exactly what to do" and another relative said "I'm so pleased on how they treat [person]."
- Records showed how a person's faith was respected by the service and. Staff and people were able to communicate in their preferred language as staff spoke different languages.
- Staff knew the people they were supporting well, including their needs and preferences. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed. One relative told us "Oh yes, they know [person] very well."

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

- People told us that they felt comfortable speaking to staff and manager. One relative told us "They are always ready to lend an ear" and another told us "They definitely listen."
- We were told that the communication between the manager and the staff team, people and their relatives was very good. One person told us "They respect my choices and they listen to you."
- One care plan documented how the person could make decisions and have control over their own lives, how they can give verbal instructions that puts them in control of their environment and choices.
- People told us that they had received a 'Service user guide' and this was stored in their care files. The service user guide provided information on what the service provided and what people could expect from the service to help them make decisions regarding their care.
- Records showed that people were consulted with in relation to their care and supported to make decisions in relation to this. Advocacy services were available to people. We were told by the registered manager that no one using the service required at an advocate at the present time. However, people's care plan identified who the person wished to have as their advocate from family or friends, if this situation arose.
- People told us that they had input into their care plans and we saw evidence that regular telephone calls were made to people to ask their opinions on the care being delivered.

Respecting and promoting people's privacy, dignity and independence

- Records regarding people's care and treatment were stored securely. This respected the person's right to confidentiality.
- People told us that staff encouraged them to be as independent as they could be and records reflected this. Examples included placing toothpaste on a toothbrush for one person for them to brush their own teeth or how staff could support people to remain independent with daily living skills such as laundry.
- Care plans reflected people's basic preferences, such as their preferred name.

- People told us staff were respectful when providing care and that their dignity was always maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and reviewed regularly. They included outcomes for each area of support required and how these outcomes were to be achieved. Examples included in depth guidance regarding morning processes. This included how to shower, grooming needs and that breakfast medication was to be given with warm blackcurrent juice.
- Care files identified social hobbies and things the person enjoyed. Examples included music and television preferences and going to the pub.
- Care plans were kept in people's homes so that people, staff and other relevant health and social care professionals had easy access them.
- Staff completed daily logs to record the care provided. This meant that information on the people's needs and support provided was shared between staff on different visits. Daily logs reflected that planned care was delivered and reviewed.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Documents were available in different formats for those who needed it.
- Although not responsible for providing activities, the service had organised an outing for people and gave support to people to go shopping if requested.
- People were involved in reviews of their care and comments we received included, "They keep me informed about everything" and "I'm always involved in discussions."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and people told us they knew how to make a complaint if needed.
- We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely in the office. Records showed that any complaints received were investigated appropriately and improvements made when required. This showed an open and learning culture at the service.

End of life care and support

- Sapphire Quality Care Agency Limited at the time of inspection were not providing end of life care but were able to tell us how they would prepare for this by accessing end of life training for the staff and implementing appropriate care plans by liaising with others. There was an up to date end of life policy in place for staff guidance.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager worked closely with all of the people who used their service.
- Through the conversations we had with the registered manager, they demonstrated that they understood the information that they were required by law to share with CQC.

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

- People told us they felt the service was managed well.
- Staff we spoke with told us they felt listened to and that the registered manager and office staff were approachable.
- Staff told us they felt well supported and we saw records to show they had regular team meetings, supervisions and community spot checks.
- Systems were in place to gather feedback regarding the service. These included regular reviews to gather views from people receiving support.

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

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example asking people using the service regularly if they could be doing anything else to support them.
- People could contact the service at any time as an on-call system was in place.

Continuous learning and improving care

- We could see that the registered manager and office staff analysed feedback from people and made changes to the care provided to ensure that people's views were responded to.
- The registered provider had systems in place to assess and monitor the quality and safety of the service. These included audits of staff files, care plans, medicine records and daily records, as well as direct observation of staff in practice. These checks were documented to help ensure they were completed regularly.
- When actions were identified through the audit system, they had been addressed to improve the service.
- The registered manager liaised regularly with other registered managers from other services to share knowledge and help ensure care was provided in line with best practice guidance.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people. For example, they described how they liaised with social services to arrange an occupational health referral for one person whose mobility had deteriorated.