

Say Care Limited

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Inspection report

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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

Say Care Limited is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. 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. At the time of the inspection the agency was providing care for 18 people.

People's experience of using this service and what we found

People were supported by caring, well trained staff that had been subject to a thorough recruitment and induction process. There were sufficient numbers of consistent staff available to meet people's needs.

Staff supported people safety and risks to people were assessed, managed and monitored. People received their medicines as prescribed and infection control risks were managed effectively.

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, their relatives and staff felt confident to raise any concerns with the management team. Evidence was seen of action being taken in response to concerns, to improve the care of people being supported by the service.

The management team kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.

The management team were open and transparent. They understood their regulatory responsibilities. A quality assurance system was in place to continually assess, monitor and improve the service. The service worked well with other partners, organisations and commissioners.

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 requires improvement (published 27 March 2020).

Why we inspected

This was a planned inspection based on the previous rating. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Say Care Limited on our website at www.cqc.org.uk.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Say Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 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.

Inspection activity started on 24 November 2021 and ended on 29 November 2021. We visited the office location on 25 November 2021.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed additional information previously received from the service and feedback received from three people who use the service and three relatives.

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 the registered manager, an office administrator, the IT manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The nominated individual and registered manager are both directors for Say Care Limited.

We reviewed a range of records including eight people's care records and medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with four people who used the service about their experience of the care provided, four relatives and four staff members via telephone. We continued to review additional information received from the service including, audits, compliments, training data and quality assurance records. We sought clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with, said they felt safe with all aspects of the service and the care they received. A person said, "I feel very safe with them [staff], I don't have any worries and they always make sure that I have everything I need before they leave, like my phone, [emergency] button and a drink." A relative told us, "I am really confident in the care [person] receives. I don't have any concerns at all about their safety, the staff know what they are doing."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns.
- Staff were confident that action would be taken by the management team, if they raised any concerns relating to potential abuse. One staff member said, "If I had any safeguarding concerns, I would report it to the managers. If they didn't do anything I would go higher to the safeguarding team or CQC."
- There were robust processes in place for investigating any safeguarding incidents.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. People's care files included detailed and relevant risk assessments which identified potential risks to people and how these risks should be managed and mitigated. These covered a range of areas, including, moving and handling, skin integrity and the management of specific health needs.
- Risk assessments had been completed of people's homes and living environment, to promote the safety of both people and staff.
- Risk assessments were reviewed regularly by the registered manager and nominated individual and updated where required, to ensure staff had up to date information to support people safely.
- Staff understood how to support people to reduce the risk of avoidable harm.
- There was a lone working system in place to promote staff safety.

Staffing and recruitment

- There were sufficient numbers of skilled staff available to keep people safe and meet their needs.
- People were supported by a small consistent team of staff who knew them well.
- People and their relatives told us their care calls were reliable and staff arrived at the expected time. Comments included, "The staff are usually on time, unless there is an emergency", "Staff stay the appropriate length of time and if they have finished everything before the end of the call, they will sit and talk to it, it's very nice" and "They [staff] are usually on time and I always get a list telling me who is coming."
- Staffing levels were determined by the number of people using the service and the level of care they required.

- Short term staff absences were managed using overtime from existing care staff, as well as additional support provided by the registered manager and nominated individual.
- Safe and effective recruitment practices were followed. We checked the recruitment records of three staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed.

Using medicines safely

- Medicines were managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans and was clear, up to date and accessible to staff.
- Staff received training in medicines management.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- There were robust systems and policies in place for the control and prevention of COVID-19 and other infections.
- Staff had received appropriate training in infection prevention and control, and this was refreshed and updated regularly.
- Staff had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce infection risks.
- People confirmed staff wore PPE as required. A person said, "The staff always wear their PPE, they are very good. They even helped me take a test." Additionally, the registered manager and nominated individual frequently worked alongside staff and completed unannounced spot checks of care calls. This helped ensure people were protected against the risk of infection and staff were wearing PPE as required.
- The registered manager and staff confirmed they were accessing COVID-19 testing appropriately, in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager or nominated individual to identify any themes or trends. Where action was needed to address any issues, these were carried out promptly.
- People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and nominated individual were actively involved in the service and demonstrated a clear passion for delivering high quality care to people in their own homes. They had effective oversight of how people were supported within the service.
- There was a clear management structure in place which consisted of the directors, who were also the registered manager and nominated individual, care supervisors, care staff and office staff. Staff understood the role each person played within this structure.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- There were robust quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, spot checks of staff and the completion of quality assurance questionnaires, which were sent to people annually. All findings and feedback received was closely monitored and where issues or concerns were highlighted, these were discussed, and action taken as required.
- The management team understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.
- The previous performance rating was prominently displayed on the providers website.

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

- There was a duty of candour policy in place which required staff to act in an open and transparent way when accidents occurred.
- The management team had a good understanding of their duty of candour requirements and were able to demonstrate that this would be followed where required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and transparent culture within the service. People, relatives and staff were confident that if they raised any issues or concerns with the registered manager or nominated individual, they would be listened to and these would be acted on.

- People received person centred care from a service that was committed to meeting their individual needs. A staff member said, "The manager's really put people first and really care about them."
- People, relatives and staff all spoke positively about the running of the service and the hands-on approach of the registered manager and nominated individual. A person said, "It's a wonderful service. The managers are brilliant and very much on the case, always checking things are done properly. I'm very, very pleased and couldn't ask for any better." Another person told us, "Say Care is really good, they do what they're supposed to do, and I can't fault them. I see the managers all the time, they come and visit and if I had any concerns they would definitely act."
- Staff felt listened to and spoke positively about the registered manager and nominated individual. They told us they felt fully supported and that they enjoyed a good working relationship with their colleagues.
- Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and emails and telephone contact.
- Staff told us that they felt involved within the service and were kept up to date with changes.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within people's care records and from discussions with people and staff.
- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met. This enabled people to enjoy healthier lives in their own home.