

ER Musah Limited

Sizwim Home Care

Inspection report

2 Bunkers Hill Road
Hull
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Tel: 07831298654

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09 August 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

Sizwim Homecare is a domiciliary care agency providing care and support to people who live in their own homes in Hull and surrounding areas. The service provides support to older people, people living with dementia, learning disabilities or autism spectrum disorder, and mental health needs. It also supports younger adults and people who have a sensory impairment. At the time of our inspection, there was one person using the service.

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

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.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People were involved in decisions about their care and had maximum choice and control over their lives. Staff had a good understanding of the key requirements of the Mental Capacity Act 2005.

The service has a positive culture that was person-centred, open, inclusive and empowering. The registered manager was available, consistent and led by example. There was clear and effective governance systems to manage risks and drive improvements in the service.

The service had effective safeguarding systems, policies and procedures in place to safeguard people from abuse. Staff had an awareness of safeguarding procedures and the action to take to protect someone from abuse.

People were involved in managing risks, and risk assessments were person centred and reviewed regularly. Staff were trained in infection, prevention and control and had access to, and followed, clear policies and procedures.

Assessments of people's needs were comprehensive with outcomes identified. People's care and support needs were reviewed regularly and updated when changes occurred. People were involved in decisions about their health.

Staff completed a comprehensive induction. Supervision and appraisals were used to develop and motivate staff, review their practice and focused on professional development.

People were treated with dignity, respect and kindness. Staff had the right skills to ensure people received

compassionate support. Staff used accessible means of communication whenever needed. People's right to privacy and confidentiality was respected.

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

Rating at last inspection

This service was registered with us on 09 June 2021 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?

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 ●

Sizwim Home Care

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.

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.

Inspection activity started on 08 August 2022 and ended on 11 August 2022. We visited the location's office 09 August 2022.

What we did before the inspection

We reviewed the information we received about the service. We sought feedback from the local authority. 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 the registered manager and one member of staff. We reviewed care records and spoke with the one person using the service about their experience of the care provided. We looked at other records relating to the management of the service including recruitment, staff training and supervision and systems for monitoring quality.

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

- The registered manager had systems in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.
- People who used the service said they were safe and happy with the care they received. One person told us, "[Name] is good and does her job."

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks were managed safely. Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they had access to risk assessments, and they provided the right information to manage people's needs safely.
- Risk assessments were person centred and reviewed regularly. People told us they were involved in managing their risks. One person told us, "I am always involved in discussions about my care."
- The registered manager had appropriate recruitment procedures in place for the recruitment of staff. This meant only suitable people were recruited by the provider.

Using medicines safely; Learning lessons when things go wrong

- The registered manager had systems and processes in place to ensure the safe management of medicines. At the time of our inspection, staff were not supporting anyone using the service with taking medicines.
- The registered manager had processes in place to review all accidents and incidents. Staff knew how to report incidents and complete appropriate records.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. Preventing the spread of infection was well managed. Staff had undertaken training and were aware of the responsibilities to protect people from the spread of infection.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were also available.

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.

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.

- Processes were in place to ensure consent was achieved. People told us staff routinely sought consent before providing care.
- Staff received training and had a good understanding of working within the principles of the MCA.

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

- People's needs, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- The registered manager completed initial assessments and created care plans. Staff told us they had time to read these and used these to understand how people wished to be supported.
- People told us they were involved in developing their care plans. Best practice guidance was followed which led to desired outcomes for people.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training and regular opportunities to discuss their work, training and development needs.
- Staff training was up to date and additional training courses had been completed in addition to mandatory training. For example, staff were trained in catheter care, diabetes and epilepsy to meet the needs of people assessed in these areas. they were supporting.
- Staff told us they were well supported. Records showed staff were having regular planned supervision and appraisals.

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

- Arrangements were in place to support people to eat a healthy balanced diet. People received support they required to meet their nutritional and hydration needs.
- People's care plans contained information about their dietary requirements and the support they required to remain as independent as possible.
- Staff were aware of people's preferences in relation to what they liked to eat and drink.

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

- People were supported to maintain their health and wellbeing.
- People were registered with a GP and received care and support from other professionals, such as chiropody and dentist.
- The registered manager understood the importance of partnership working to provide consistent and effective care. One person told us, "If I needed a doctor, they would contact them for me."

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

- The registered manager and staff understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. One person we spoke with described staff as 'respectful'.
- Staff were trained in equality and diversity and there was an up to date equality and diversity policy in place.
- People spoke positively about the care they received. Comments included, "They [staff] are caring" and "The registered manager goes above and beyond; they are very good."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decision about their care where appropriate. People told us they were able to express their views regarding the service and support provided.
- The registered manager understood the importance of working with advocates when people required support. At the time of our inspection advocacy services were not required.
- People told us their independence was promoted and maintained.
- Systems were in place to maintain confidentiality and staff understood the importance of this. People's records were stored securely.

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

- Care plans were person centred. People's likes, dislikes and what was important to them were recorded in their care plans and people's care was reviewed regularly.
- The registered manager regularly reviewed daily notes made by staff at the point of care delivery. This ensured people received their care as assessed and planned.
- The registered manager also carried out 'spot visits' to observe how staff provided care to people. This gave people the opportunity to share their views with the registered manager or adjust their planned care to ensure it continued to meet their needs. One person told us, "[Name of registered manager] is very responsive, helpful and very accommodating."

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.

- People's communication needs were identified as part of the initial referral and assessments.
- Information was available in various formats to support people's communication needs in line with AIS. For example, large print and easy read was available.

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; Improving care quality in response to complaints or concerns

- Care plans contained sufficient information about people's social, spiritual and cultural needs. This helped staff to get to know people when they first met them.
- The provider had a complaints procedure and people told us they knew how to raise concerns if they needed to.

End of life care and support

- Staff received training in this area. At the time of our inspection, no one was receiving end of life care.

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.

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

- The provider had a system in place to ensure regular audits were taking place to monitor and improve the quality and safety within the service. This enabled the registered manager to see where improvements were required and assure themselves, they were compliant with regulations.
- The registered manager was clear about their role and responsibilities. Staff spoke very positively about the registered manager. One staff member told us, "They [registered manager] are very approachable and fair. I would be confident raising any concerns with them."
- The registered manager understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service has an open, honest culture. The registered manager sought feedback from people through personal visits and surveys. People told us they had been sent surveys to complete and had received feedback of action taken as a result of the feedback they had provided.
- The registered manager was committed to providing good quality care and involved people in their care and support to ensure their preferences and choices were considered. Care plans were reflective of this and showed people involvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were asked about their experience of care delivered and the registered manager was able to use this information to establish areas for improvements in the quality and care.
- Staff told us they attended regular team meetings where they were able to express their views and discuss any issues. One staff member told us they could give feedback and they felt listened to.
- The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.

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 demonstrated an open and transparent approach and understood their responsibilities under the duty of candour.

