

# Annual Inspection Report 2022-2023

## Sapphire Care

Domiciliary Care

3 August 2022



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**DHSC**

We carried out this announced inspection on 3 August 2022. The inspection was led by an inspector from the Registration and Inspection team.

**Service and service type**

Sapphire Care arranges for others to be provided with personal care or personal support, with or without practical assistance to those in their private dwelling.

**People’s experience of using this service and what we found**

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

**Our key findings**

No areas of improvement were identified in relation to the service.

Service user and family feedback confirmed that staff treated clients with dignity and always “tell (relative) what they are going to do.”

Families told us that care plans were updated and amended according to need; “Needs are not as great now, so they do exactly what is needed.”

Clients told us that staff were “approachable” and “very flexible” according to client choice.

Documentation was well organised and easy to understand in terms of client care needed.

**We found the following areas where the service needs to make improvements:**

There were no areas requiring improvement.

**About the service**

Sapphire Care is a domiciliary care agency.

**Registered manager status**

The service has a registered manager. 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**

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 21 July 2022. We visited the location's service on 3 August 2022.

**What we did before the inspection**

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

**During the inspection**

A range of records were reviewed. These included people's care records, staff recruitment records, and a variety of documents relating to the management of the service. We also spent time with the registered manager and the responsible person discussing the service.

**After the inspection**

We spoke to five service users and their families about their experiences of using the service. We also received written feedback from one service user.

We received written feedback from two members of staff who told us about their experiences of providing care.

## SECTION C Inspection Findings

### C1 Is the service safe?

#### **Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found to be safe in accordance with the inspection framework.

#### **Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong**

Systems were in place to safeguard people from abuse. Staff had received training in safeguarding. Policies and procedures were in place and had been appropriately reviewed.

The inspector viewed completed incident forms electronically on shift. Staff were able to give us appropriate examples of areas of concern they would raise.

#### **Assessing risk, safety monitoring and management**

Appropriate assessments were in place. Support plans, together with risk assessments were seen. These were individual and included allowance for positive risk taking. Risk assessments were regularly reviewed, including variation in staff numbers required as needs changed. Safeguarding concerns had all been appropriately reported to the Registration and Inspection team, and staff confirmed that "the right action was taken." Actions were all clearly documented.

Staff rotas were in place. Feedback confirmed that staff caring for service users were knowledgeable about their needs; we were told by a service user that staff "actually understand and ask about" their needs.

Records were stored electronically or in locked cabinets within a secure office.

#### **Staffing and recruitment**

Staff were safely recruited. Appropriate checks had been made before staff commenced employment. Training records were seen. Staff feedback reported that "the training and support I have received with Sapphire Care is the best I've received."

Staff were recruited as necessary to meet client demand.

#### **Using medicines safely**

A medication policy was in place. Initial assessments identified medication needs, with corresponding risk assessments and care plans as appropriate. Comprehensive records were seen in place for clients with complex needs.

Staff had undertaken medication training, with annual medication administration competency assessments in place.

**Preventing and controlling infection**

Systems were in place to manage the control of infection. Staff used PPE (Personal Protective Equipment) as appropriate. Staff had completed infection control training and food hygiene training.

**Learning lessons when things go wrong**

Staff had raised concerns to management, and these had been acted upon. Records were all in place. We were told about how improvements were made regarding information in documentation. This had resulted in a fuller picture being given in handover to staff. Safety alerts and public health advice was acted upon as appropriate.

### C2 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. The service does not require any improvements in this area.

We found that this service was effective in accordance with the inspection framework.

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

Comprehensive initial assessments were in place. These included all relevant information. We were told by family members that they were fully involved in the process of assessment and care planning with their relative. We saw evidence that the service had worked with other professionals and taken advice to help achieve the best standard of care for clients.

#### **Staff support: induction, training, skills and experience**

Staff undertook a comprehensive induction, and shadowed more experienced staff when they commenced their employment. Staff told us that their induction was “very detailed and interesting,” being made aware of policies and procedures. They had undergone a programme of training appropriate to client need; we were told by an individual that “I can tell that they have been trained from the way they move me and give me my medication.”

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

Dietary needs were included in care plans as appropriate. Preparation of meals was included in care plans if required.

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

Joint working with other agencies was in place. Information was shared on a need to know basis. Joint working with other professionals was evidenced in the best interests of the client. The agency were involved in multi-disciplinary meetings and coordination of care with, for example, the hospice.

#### **Ensuring consent to care and treatment in line with law and guidance**

Discussions were had with the provider regarding current guidance on capacity in the absence of Manx legislation. People who used the service were able to agree to the support required. Their consent was clearly documented in support plans.

### C3 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. The service does not require any improvements in this area.

We found that this service was caring in line with the inspection framework.

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

Service users and their families said that the service were “kind and caring,” and “compassionate.” People’s needs had been reassessed as necessary and the appropriate care provided; “they do exactly what is needed.”

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

Feedback from families and staff told us that they had been involved in creating their care plans and meeting with the manager to review care. We were also told that “approachable staff” meant they felt comfortable discussing care with them.

Staff emphasised to us that “we always ask for peoples consent” as people’s wishes might change from day to day.

#### **Respecting and promoting people’s privacy, dignity and independence**

People’ privacy and dignity was respected. Staff emphasised that they carried out personal care as discreetly as possible; clients and their families told us about the ways in which staff preserved their dignity. Staff encouraged clients to do as much as they were able to encourage independence; they told us that they “would fully encourage – making sure the client is not at any risk.” A service user confirmed that staff “encourage me to stay independent and actually help me by doing a task with me and not for me.”

## Inspection Findings

### C4 Is the service responsive?

#### **Our findings:**

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive in line with the inspection framework.

#### **Planning personalised care to ensure people have choice and control to meet their needs and preferences**

Staff were familiar with people’s needs and preferences. The inspector viewed client files in which specific needs were identified; staff confirmed that training was provided as necessary to help support people.

#### **Meeting people’s communication needs**

Communication needs were fully assessed and recorded in support plans. Staff were familiar with specific needs of clients; they told us that “it’s all based on person centred care; getting to know your clients.”

#### **Improving care quality in response to complaints or concerns**

A complaints policy was in place. Clients confirmed to us that they knew how to make a complaint and were confident in doing so. Evidence was seen that complaints received had been appropriately dealt with according to procedure, and improvement made to the service.

#### **End of life care and support**

The service was not providing any end of life care at the time of the inspection. However, staff had undertaken training, and had previously worked with other services in providing end of life care.



#### **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 does not require any improvements in this area.

We found that this service was well-led in accordance with the inspection framework.

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

Staff told us that the service was a place where they received “personal and work support;” staff felt “treated with respect.” Staff felt that everyone worked well together, and that this “happy workplace relays onto the quality of care we provide.”

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

Systems were in place to monitor the quality of care being provided. We were told by service users and their families that they were asked for feedback about the service that they received. Spot checks by management, together with regular quality assurance checks, helped to ensure that any improvements could be quickly identified.

Any incidents were submitted to the Registration and Inspection Team in line with regulatory requirements.

Appropriate insurance cover was in place.

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

Staff told us that they were listened to by management. They talked positively about team meetings and supervisions, as opportunities “to put your thoughts forward and also see if there is anything you can do better.” Families of service users told us that they found the staff “approachable” and they felt able to discuss any concerns.

#### **How does the service continuously learn, innovate and ensure sustainability?**

Ongoing training, together with reviews of care, helped to drive improvement. We looked at client files in which care plans had been adapted, and these were monitored to ensure they still met specific client needs.

An annual report was in place. Electronic systems were in place for staff to continuously update client records.

#### **Working in partnership with others**

Information contained within support plans demonstrated that staff worked in partnership with other agencies as appropriate to provide person centred care.