

Saints Care Agency Ltd

Saint Care Agency

Inspection report

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Date of inspection visit:
05 December 2017

Date of publication:
09 February 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 14 February 2017. Two breaches of legal requirements were found. This was because care plans did not provide detail of people's preferences and how these should be met and systems were not followed to assess, monitor and improve the quality of the service.

We undertook this focused inspection to confirm that they now met legal requirements. During our inspection we found the provider had made improvements in the specific areas we had identified. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

Saint Care Agency provides care for people in their own homes living in the city of Leicester. The service supports people with a range of needs, including physical disabilities and people who have mental health needs. At the time of our inspection the service was providing care for 11 people, two of which were in hospital.

There was a registered manager in post who was also the registered provider for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care plans had been reviewed and improved to provide staff with information and guidance about people's history, preferences and how they liked their care to be provided. However, further improvements were needed to ensure that all care plans included the detailed information staff needed to provide personalised care.

People and relatives told us they were involved in the development and review of their care to ensure it met their current needs. Records did not reflect reviews of people's care or demonstrate people's feedback about their care.

People were supported to reduce the risk of social isolation through involvement in their local community or through staff interventions.

People and relatives knew how to raise concerns and make a complaint if they needed to. The registered manager used complaints to bring about improvements within the service.

The arrangements in place to monitor the quality of the service had been strengthened in order to keep improving the quality of care people received. Audits and checks were in place and used to identify and

respond to areas where improvements were required.

People and those important to them were supported to share their views about the quality of care they received. These were used to critically review the service and drive improvements to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken since our last inspection to make some improvements in regard to how responsive the service was but further improvements were required.

We found that action had been taken to improve information in care plans and records to support personalised care. However, further improvements were needed to ensure records consistently included the detail and guidance staff needed. People and their relatives were supported to be involved in the planning and review of their care. Records were not updated to reflect when review meetings had taken place or people's views on their care. A complaints policy was in place and people knew how to complain if they needed to. The registered manager used complaints to bring about improvements in the service.

We could not improve the rating for Responsive because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken since our last inspection to make improvements in regard to how well-led the service was.

Processes in place to monitor the quality of the service had been strengthened to ensure people received good care. People, relatives and staff were supported to share their views and these were used to drive improvements and develop the service.

We could not improve the rating for Well-led because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Saint Care Agency on 5 December 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in February 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service responsive and is the service well led? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

This inspection team consisted of one inspector and an inspection manager.

During the inspection we spoke with the provider who was also the registered manager and two members of the care team. We also visited and spoke with two people in their own homes and spoke with one relative. We looked at the systems used by the provider to monitor the service, which included four people's care records, records of complaints and records relating to the day to day management and quality of the care provided.

Is the service responsive?

Our findings

At our previous inspection in February 2017, we identified that care plans did not provide detail of people's preferences and how these should be met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection we found some improvements had taken place to meet the legal requirements, but further improvements were needed to ensure records provided staff with the information they needed to provide personalised care.

People and a relative told us staff provided care in line with their needs and preferences and responded when they requested changes to their care. One person told us, "[Name of carer] knows me very well and knows how I like things done. She knows what I need on the days I feel low, for example, she will tell me silly jokes and makes me laugh which lifts my mood. This makes me get out of bed and motivates me." They showed us their care plan which included a summary of their life history, significant events, what and who was important to them and the impact of any health conditions on their well-being. The care plan detailed the care and support to be provided. For example, where the person needed support with their personal care, records showed how they liked the support to be provided, routines and how much they could do for themselves. This supported staff to provide personalised care.

The registered manager told us they had introduced a new format for care plans to enable them to record more detailed information. Records showed people and, where appropriate, their relatives had been involved in the development of their care plan. One relative told us, "Carers know [Name of family member] well and we have regular carers so the care is consistent. They are very aware of her needs and work well with us. I am fully involved in deciding how the care is to be provided with [family member]. They [Registered manager and staff] communicate with us, ask us what is working and any changes that need to be made. It works very well."

We found that although some improvements had been made to care plans, further improvements were needed to ensure records were accurate and included the detail staff needed. For example, we reviewed three people's care plans which provided detailed information and guidance on the support people needed and how this was to be provided. However, one of the care plans did not detail the circumstances when equipment should be used to support a person's mobility. This was important as their dependency could fluctuate due to their health condition. A fourth person's care plan did not include all the information staff needed to understand the impact their health condition had on their well-being. This information had not been transferred from the old care to the new one. Although staff demonstrated they were aware of this information, there was the potential risk that staff who were new to the person may not have the information to enable them to understand how care should be provided. We discussed this with the registered manager who told us they would ensure information was transferred between old and new care plans to provide staff with the detail they needed.

People and their relatives were involved in reviewing their care to ensure the care provided met their current needs. One person told us, "I tell staff what I want and they do it. If I want to make any changes to my care, I just call up or discuss it with my carer and it's done." A relative told us that other health professionals were

involved in their family member's care and staff changed how they provided care in line with any professional guidance or advice. This demonstrated staff were responsive to changes in people's needs.

Records did not always reflect that people's care needs had been reviewed. The registered manager told us they regularly met with people to undertake a review of their care but did not keep a record of what was discussed at the review within the care plan. Records did not always show when reviews had taken place, who was involved, and outcome of reviews. The registered manager told us all future reviews of people's care would be recorded in people's care plans.

People were supported to pursue hobbies and interests which helped to reduce the risk of social isolation. One person told us that staff had encouraged and motivated them to join a creative class to pursue their hobby in the local community. They told us they enjoyed this and it had had a positive impact on their health and well-being. Staff were also aware of the need to spend time listening and talking with people, particularly where they had limited contact with other people and supported people to go out in their local community where possible.

The registered manager was not aware of the Accessible Information Standard (AIS) but had taken measures to support people to understand information they were given. The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager provided the service user guide, which contained key information about the service, in a variety of formats to meet people's needs and explained other information could be translated into different formats upon request. Following our inspection visit, the provider sent us a copy of their policy on the AIS which outlined how they would ensure people had access to the information they needed in a way they could understand it to comply with the AIS.

The registered manager encouraged the use of technology to support people to receive timely care and support. They had recently introduced electronic monitoring of calls to ensure that staff arrived at the call on time and stayed for the duration of the call. One person expressed a preference to use text as a means of communication and this was supported and recorded in their care plan.

People and a relative told us they felt confident to raise any concerns and knew how to make a complaint if they had to. One person told us, "I know how to make a complaint but I have never had to." A relative told us, "I have never had to raise any concerns but I know how to." They told us they were confident that the registered manager would take any concerns seriously. People and their relatives were provided with a copy of the provider's complaints policy which included clear information on how to make a complaint, how this would be managed, and contact details for external agencies if people were unhappy with the outcome of their complaint.

The registered manager was able to explain how they used complaints to bring about improvements within the service. For example, as a result of a complaint about poor timekeeping the registered manager had introduced electronic monitoring of calls to ensure people receive their care on time as detailed in their care plans. This had resulted in an improvement in staff timekeeping and satisfaction for people using the service.

Is the service well-led?

Our findings

At our previous inspection in February 2017, we identified that systems were not followed to assess, monitor and improve the quality of the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection we found that improvements had taken place.

The provider had undertaken a range of audits and checks to ensure people were receiving good care. We reviewed records for audits undertaken in November 2017. These covered care records such as daily care logs and medicine records. These helped to highlight areas where the service was performing well and the areas which required development. For example, where records had not been completed accurately, audit records reflected this and included action taken to bring about improvement. Actions included a review of staff working practices and discussions on best practice at staff meetings to refresh staff knowledge and awareness. This demonstrated that the registered manager monitored the quality of care and took action to bring about improvements.

The service had a registered manager who was also the registered provider. They were supported by an administrator. The registered manager was experienced in supporting people with a range of care and support needs and had undertaken training and qualifications in leadership and management. We received positive feedback about how they managed the service. One person told us, "Things have got a lot better. They [management] used to be disorganised but they are more organised now. Staff know what they are doing. I don't see [name of registered manager] as much but she does come out occasionally to do spot checks on the staff. I am happy with my care." Another person told us the service was "Very Good," because the carers were able to communicate with them and they received care from regular staff who were familiar with their needs. A relative told us, "They [registered manager] have consistently done what they said they could do from the start of [name of family member] using the service. I have recommended the agency to a friend and that's something."

Staff told us they felt supported through supervision and regular communication and that the registered manager was approachable. Staff felt able to voice any concerns or issues and said they felt listened to. Records showed staff meetings were held regularly and we reviewed records relating to a meeting held in October 2017. Records showed meetings were used as an opportunity to discuss best practice, where improvements were required and to share information about proposed changes within the service. Staff told us they generally worked well as a team and had respect for each other.

The registered manager had a visible presence in the service, often undertaking calls in person and working alongside care staff. They told us this gave them an understanding of the care provided and enabled them to 'Lead by example' in ensuring people received good care.

People and relatives were supported to share their views through regular contact with staff, the registered manager and through satisfaction surveys. Surveys sent in June 2017 showed people were generally happy with their care. The registered manager told us they used people's feedback to drive improvements in the

service. For example, one person had stated they didn't know how to make a complaint. As a result of this the registered manager had ensured people had copies of the complaints procedure with their care plans and copies were provided to their relatives to ensure they had the information they needed.

The provider is required to notify us of certain events that may occur within the service. We had not received any notifications and the registered manager said there had not been any recent event they needed to notify us of. It is a legal requirement that a provider's latest inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. During our inspection visit we found that the provider was not displaying the latest report rating. When we raised this with the registered manager, they immediately removed the rating and updated it with the latest rating.

The registered manager told us they kept their skills and knowledge up to date through training and working in partnership with other organisations, both locally and nationally. This enabled them to share resources, information and discuss best practice. As a result of this, the registered manager had developed more robust planning, which included contingency arrangements in the event they were unexpectedly absent from the service and plans for the development and sustainability of the service.