

St.Christophers(Glossop)Limited

# St Christopher's Trust

## Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

St Christopher's Trust is a domiciliary care agency. They support people with personal care in their own homes. The service is registered to support younger adults with a learning disability and/ or autism, physical disability, sensory loss and dementia. At the time of this inspection there were 22 people using the service.

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.

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

#### Right Support

The service supported people to have the maximum possible choice, control, be independent and they had control over their own lives. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people to play an active role in maintaining their own health and wellbeing. Staff supported people to achieve their aspirations and goals.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 October 2019 and this is the first inspection. The last rating for the service under the previous provider was Good, published August 2019.

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Christopher's Trust

## **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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living 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. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 18 May 2022 and ended on 19 May 2022. We visited the office location on 18 May 2022.

### What we did before inspection

We reviewed information we hold about the service and spoke with commissioners to gain their feedback about the service. 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.

#### During the inspection

We spoke with one person and five relatives of people using the service about their experiences of the care provided. We spoke with 15 members of staff including the registered manager and care staff. We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 for 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

- People were kept safe from avoidable harm.
- Staff knew people well and understood how to protect them from abuse. The service worked well with other agencies to do so. One relative said, "Staff are well trained on safeguarding and safety procedures."
- There was a safeguarding policy in place. Staff told us they felt confident they would know how to recognise signs of abuse and wouldn't hesitate to raise these with management or external professionals.
- People's freedom and liberty were not restricted unless there were clear assessments demonstrating this to be the least restrictive option and in the best interest of the person. People were involved in these assessments and decisions.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed. People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- For example, one person had been supported to understand internet safety after staff identified this could be a risk for them. They were then involved in designing the guidance for staff to follow to ensure they were supported to be as safe as possible whilst still having access to the internet.
- Relatives told us their relation was safe. One relative said, "There's not been any accidents and [Name] is safe." A different relative said, "Yes, it is a safe environment."
- The information in people's care plans gave clear guidance for staff about how to support people to remain safe.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Relatives told us there were enough staff. One relative said, "Yes there are always sufficient staff and they are highly trained, caring for [Name] in a safe manner."
- Staff were safely recruited. The provider ensured they completed pre-employment checks such as interviews, references and criminal records background checks before staff were employed.

Using medicines safely

- People received their medicines as prescribed.
- Relatives told us they were confident people's medicines were safely managed. One relative said, "[Name] always has their medicines on time."
- Staff completed training in safe medicine management, these included checks on staff competency.

### Preventing and controlling infection

- The service's infection prevention and control policy was up to date.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Relatives told us staff always wore Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons when supporting people with personal care.

### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.



# 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.

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

- The provider completed a comprehensive assessment of each person's physical and mental health. These provided clear and accessible guidance for staff about how to support people in the way that best met their needs and preferences.
- One relative told us, "Staff do the care plan and keep us up to date, they contact us with any concerns."
- People's care plans were personalised, holistic, strengths-based and reflected their needs and aspirations. They included both physical and mental health needs.
- People, those important to them and staff reviewed plans regularly together.
- People's aims and aspirations were known, and staff supported people to achieve these so they could be as independent as possible.

Staff support: induction, training, skills and experience

- Staff received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards for people working in health and social care.
- Relatives told us they felt staff were well trained. One relative said, "Yes, staff are well trained." A staff member said, "We do lots of training, if a service user's needs change the managers will make sure we do extra training to know how to support that person with those needs."
- New staff completed an induction before they worked without supervision. This included training courses and shadowing experienced staff.
- The provider checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People were involved in choosing their food, shopping, and planning their meals.
- Relatives told us people ate the food they chose and were encouraged to choose healthy options. One relative said, "[Name] chooses meals for the week using picture boards. The daily menu is on the wall. [Name] doesn't have a lot of sweet things, they encourage healthy eating and there is always a bowl of fruit."
- Staff told us they always respected people's wishes when helping people choose their food but would encourage healthy options as well.

Supporting people to live healthier lives, access healthcare services and support

- People played an active role in maintaining their own health and wellbeing.

- The service ensured that people were provided with joined-up support so they could travel, access health care professionals and education.

#### 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 when this is in their best interests and legally authorised under the MCA.

#### Care at home services

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's ability to make decisions for themselves was assessed and documented.
- Where people lacked capacity to make decisions for themselves there were records demonstrating how decisions made were considered to be in a person's best interest.
- Staff told us they respected people's rights to make their own decisions and understood people could make their own decisions even when staff may have felt the decision was unwise.

# 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

- People were supported by staff who were kind and caring. Staff understood and respected people's individual preferences and life choices, including cultural beliefs.
- Relatives spoke highly of the staff and the way they supported their relation. One relative said, "Staff are very caring, we have a good relationship with them and feel comfortable with them." A different relative said, "[Name] has a good rapport and great friendship with the staff, some of the staff have been there a long time."
- Staff told us they enjoyed the company of the people they supported and cared deeply about ensuring they achieved the best possible outcomes from their care. One staff member said, "This really is a caring environment, we make sure the people do as much or as little as they want to do." A different staff member said, "I really enjoy working here, it's not like going to work, it's like spending the day with a person you really care about and having fun together."

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

- The provider ensured people, their relatives and relevant professionals were all involved and included when decisions were made about their care.
- One person had written their own care plan.
- One relative said, "We are very much involved in the care."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how and when to support people to maintain privacy and dignity.
- One person did not like there to be male staff around when they showered. The provider ensured there was clear guidance for male staff to follow to know how to support the person in the way they chose that did not compromise their privacy.
- People had their aims and goals recorded in their care plans. These identified their aspirations and guided staff how to support people to achieve these.

# 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

- Staff provided people with personalised, proactive and co-ordinated care in line with their recorded life choices, goals and aspirations.
- The registered manager told us about the challenges they had faced during the COVID-19 pandemic as services such as day centres had closed. They told us they had to think quickly about how to support people to retain the independence they had previously. Some people had started working in the provider's office. One person we spoke with told us how much they enjoyed this responsibility.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs and preferences were assessed and known by staff.
- Staff ensured people were provided with information in a format they could understand.
- One relative said, "Picture boards are used, e.g. they have pictures of teeth brushing, getting dressed and breakfast for what needs to be done in the morning." A different relative said, "Staff can read [Name's] body language so know when they have a problem or are in pain."

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

- Staff provided person-centred support with self-care and everyday living skills to people.
- People were supported to participate in their chosen social and leisure interests on a regular basis. The activities people took part in were varied, this was because activities were based on people's individual abilities, choices and life goals.

Improving care quality in response to complaints or concerns

- The provider had a policy and processes in place for raising and responding to complaints.
- Relatives and staff told us they would feel confident to complain if they needed to. No complaints had been received.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.

- We discussed end of life care with the manager, who told us they would ensure additional training would be provided for the staff team to support people if this need was identified.

# 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.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- All relatives we spoke with told us their relation achieved good outcomes from their care. One relative said, "The service meets all [Name's] needs, we could not have found a better service for them".
- All of the staff we spoke with spoke highly of the supportive culture of the service and how approachable and helpful the managers were. One staff member said, "It is just a wonderful company to work for, everything is about the people, the managers make sure we are looked after and in turn that helps us look after the people the best way we can."

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 duty of candour was met. The provider operated a culture of openness and transparency.

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

- The management team had the skills, knowledge and experience to perform their role and maintained clear oversight of the service.
- The managers completed daily, weekly, monthly and quarterly audits. These identified any potential areas for improvement. When improvements were required these were implemented quickly and effectively.

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

- People, their relatives and staff all worked closely with the managers to develop and improve the service.
- Relatives told us they felt fully involved in the running of the service. One relative said, "We have contact with the senior managers often. We feel involved in the decisions." A different relative said, "I keep in touch with the managers, I know I can say what I want to them."

Continuous learning and improving care

- There was a culture of constant improvements. The provider ensured they were up to date with best practice guidelines to ensure these were implemented appropriately.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire

for people to achieve the best outcomes possible.

Working in partnership with others

- External professional gave positive feedback about the working relationship with managers of the service.