St Edmunds Care Ltd

St Edmunds Care

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?	Requires Improvement

Summary of findings

Overall summary

St Edmunds Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 13 September 2018 there were 60 people who used the personal care service. We gave the service 48 hours' notice of the inspection to make sure that someone was available to see us, this was because the director and the manager also undertook care visits.

This service was registered in December 2017 and started to provide care and support to people in January 2018, this was their first inspection.

There was not a registered manager in post. The previous registered manager voluntarily cancelled their registration in June 2018. Another manager had worked in the service for a short time. There was a new manager in post who was in the process of completing their registered manager application. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There had been changes in the service since registration, this included changes in managers and the service was supporting people and had taken on staff from another service which ended in April 2018. The systems to assess and monitor the service provided to people were still being developed and the director had identified areas which were being improved. However, all of the quality assurance systems were not documented or maintained to show how the service improved.

People received effective care. Improvements were being undertaken in the training provided to care workers to give them the information they needed to meet people's needs effectively. This was not yet fully implemented. People were asked for their consent before any care was provided and their choices were documented. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

There were systems in place designed to provide people with safe care. There were enough care workers to ensure that all planned visits for people were completed. Care workers were recruited safely. Where people required support with their medicines, this was provided. The service learned from incidents to improve the service. There were infection control procedures in place to reduce the risks of cross infection. Risks to people were managed, including risks from abuse and in their daily lives.

People received a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. The care planning documentation was in the process of being changed to a new format, this would include people's end of life choices. A complaints procedure was in place and people's concerns were addressed.

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.

There were care workers available to cover people's planned visits. The recruitment of care workers was robust.

There were systems in place to support people with their medicines, as required.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm. Infection control processes reduced the risks of cross infection.

Is the service effective?

Good

The service was effective.

The director had identified the need to improve the training for care workers, these improvements were in progress.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively.

People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good

The service was caring.

People were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned for and met. The documentation for care plans was being changed and improved.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been changes in the service in the short time they had been registered. The service assessed and monitored the care and support provided to people, to identify where improvements were needed. These systems were still being developed and not all of the quality checks and improvement plans were documented to give a clear audit trail.

St Edmunds Care

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 checked 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.

This announced comprehensive inspection was carried out by one inspector on 13 September 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to meet with us.

The inspection activity started on 13 September 2018 and ended 14 September 2018. On the first day we visited the office. We spoke with the director, manager and coordinator. We reviewed six people's care records, records relating to the management of the service, training records, and the recruitment records of three newly recruited and three longer serving care workers. On 14 September 2018 we spoke with nine people who used the service, two people's relatives and three care workers on the telephone.

We reviewed information we held about the service, including the statement of purpose, their registration documents and notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

Good

Is the service safe?

Our findings

People told us that they felt safe with their care workers. One person said, "I feel safe."

The service had systems in place designed to protect people from avoidable harm and abuse. This included policies and procedures and training for care workers. The service's guide, statement of purpose and staff handbook clearly identified the policies relating to safeguarding. Where safeguarding concerns had been raised, the service's management team learned from these and took action to reduce future risks. This included disciplinary action, training for care workers and improvements in their monitoring of medicines.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "They put [medicines] in front of me to take, they make sure I have taken them. I feel safe when they do that." There were systems in place to provide people with the support they required with their medicines safely. People's care records detailed the support they required with their medicines, and the medicines prescribed. Medicines administration records (MAR) and daily care records identified when people had received support with their medicines.

We had received some concerns about the management of medicines in the service. We discussed this with the manager and the director and they assured us that they had learned from the concerns and put measures in place to improve. MAR were returned to the office monthly and these were reviewed by a member of the senior team. Where there were gaps in the MAR, there was explanations in place, such as the person had cancelled their visit, or had other arrangements for the day. Care workers had received training in medicines administration and their competency was assessed by the management team. This included spot checks on care workers when they were supporting people with their medicines. In addition, a senior care worker told us that they checked MAR regularly.

Risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own homes. Records demonstrated that where care workers had identified that people were at risk of developing pressure ulcers, with their permission, referrals were made to health care professionals.

People told us that their care workers always turned up for their visits and they were told if they were running late. One person said, "They always come when they should." Another person commented, "Sometimes they are a little late, but that can be expected with the traffic, but someone always tells me. I know they are always going to come." Another person told us, "They turn up when they should, if ever they are a little late it is purely accidental and they always apologise." Another person said, "If they are on the drag a little bit, they will let me know, it is never a problem."

The coordinator showed us how care visits were planned. The director and manager told us that they did all they could to prevent missed visits and there had been none. The director, manager and coordinator also undertook care visits and could cover any that had not been covered. The rotas provided travel time to enable care workers to arrive at the planned visits on time. The director, manager and coordinator told us

that there were enough staff to ensure all visits were completed. They said that they continued to actively recruit to ensure that they could support any new people in the service. The management team members also told us that they let people know if any visits were running late. This was confirmed by people we spoke with. Care workers told us that people's visits were covered, but when there was short term notice leave of care workers, such as sick leave, they were busier.

We reviewed the recruitment records of three new care workers. These included checks that prospective care workers were of good character and suitable to work in the service.

Care workers were provided with training in infection control. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. The use of PPE was included in the spot check observations of care workers to ensure they were demonstrating good infection control processes. The director told us that they monitored the PPE collected by care workers, this, as well as identifying when the stocks needed replenishing, also could identify where care workers may not be using them. The staff and handbook and minutes from care worker meetings showed that they were provided with guidance on using PPE.

Good

Is the service effective?

Our findings

People's care needs were assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Prior to people starting to use the service, a member of the senior team undertook a needs assessment, in consultation with the person and their relatives, where required. This provided a smooth transition to start using the service.

People told us that they felt that the care workers had the skills to meet their needs. However, one person told us that a care worker had not known how to support them with their continence equipment, which the person showed them how to do. The person said it was a minor concern and the care worker had not been to them since. Another person said, "They have very good people working for them."

We reviewed the training records of six care workers. All had training in medicines, moving and handling, safeguarding and infection control. Only one of the records seen held evidence of dementia training, despite some people who used the service living with dementia, none had any evidence that training in people's specific needs had been provided. There was no evidence in place to show that care workers had undertaken training in the Mental Capacity Act 2005. This was identified by the director for care workers to be completing. The director told us they had identified that they needed to improve the systems in place to ensure care workers received the training they needed to meet people's needs. They had contacted a new training provider and identified the training that care workers were to undertake. In addition, the coordinator was in the process of completing a training record to identify who had received training, where it needed updating and if there were any gaps. Whilst it was positive to see that the service had identified the shortfall and were taking action, this was not yet fully implemented. We were not assured that all care workers had received the training they needed to meet people's needs effectively.

The care workers meeting minutes from July 2018 showed that care workers were asked to tell the management team if they wished to complete a qualification in health and social care. Care workers told us that they felt that they were trained to meet people's needs. One care worker said, "We have just had some training that we have to do."

New care workers were provided with an induction which included shadowing more experienced care workers. Care workers were provided with a staff handbook which included information and guidance in areas such as human resources, safeguarding, code of practice, whistleblowing and the roles and responsibilities of care workers.

Records showed that care workers received one to one supervision meetings. The director and manager told us this was improving and they had a plan in place to provide these regularly. Supervisions provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The care workers we spoke with told us that they felt supported.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health

professionals, where required. One person said, "They [care workers] accompany me on medical appointments when I want them to. They come in with me if I ask. I have got an appointment in October and [care worker] is going to organise someone to come with me. It is very good to have that." Where care workers had identified concerns about people's wellbeing, records showed that, with people's consent, health care professionals were contacted to arrange for appointments. We reviewed the on-call log, this is a telephone number people and care workers can call out of office hours for advice. This identified that care workers had taken appropriate action when they had concerns, such as calling an ambulance, staying with the person until it arrived and keeping relatives informed.

The service supported people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. This included the support provided to a person who was reluctant to eat, a plan was in place for a care worker to sit and chat with the person when they had served their meal, this had proven to be positive and the person ate more when they did this. One person said, "They make me a cup of tea and leave my drinks for me." Another person commented, "I look after my own meals, but they check I have eaten and if I need any help."

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 told us that the care workers asked for their consent before providing any care. One person said, "They always ask me if they can do anything and what I need." People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. The director told us that the people using the service currently had capacity to make their own decisions. The staff handbook included guidance for care workers on the MCA.

Good

Is the service caring?

Our findings

People told us that their care workers treated them with kindness and respect. One person said about the care worker that visited them that morning was, "Lovely, they are all very good to me, they all are." Another person commented, "I can't find fault with them, they are all alright." Another person told us, "They are all lovely, I love them all, they absolutely respect me. They are happy old [care workers], I have a laugh with them, I am so so lucky." Another person said, "I have met some very nice people [care workers], it feels very good to know they are all respectful." One person's relative said, "Without a doubt they are respectful, they are fantastic."

The director, manager, coordinator and care workers we spoke with talked about people in a compassionate manner. They clearly knew the people who used the service well. The director told us they worked on the philosophy of treating people who used the service as their own family members, this was fed through to care workers. The caring ethos of the service was also included in the staff handbook, which was provided to care workers.

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. The minutes of meetings attended by care workers identified that they were reminded about ensuring that people's confidentiality was maintained. In a meeting in June 2018 care workers discussed their understanding of equality and diversity and how this was incorporated into their daily work. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person said, "When I have a shower they wait outside and I call them if I need them." Records were stored securely in the service, which reduced the risks of their personal information being accessed.

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person said, "I manage my own pills, they [care workers] do respect my independence." Another person commented, "Sometimes when I get up to do something, they will say 'let me do that for you' I would rather do it myself so I say 'no' so I can try to do it myself and if I struggle they are there." Another person told us about their personal care needs and which parts they needed help with and the parts them could do independently, which was always encouraged and supported by care workers.

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "They are all good and ask me what I need." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported.

Good

Is the service responsive?

Our findings

People said that they were happy with the care and support provided, which met their individual needs. One person said, "There are no problems at all, I don't know what I would do without them." Another person commented, "I am very very happy with them." Another person told us, "I am over the moon, I am very lucky to have them." Another person told us, "I am very happy, they are so considerate and I know if I need any help with anything out of the usual routine, they will help me." One person's relative said, "I can assure you we are very happy."

The coordinator told us how they tried to provide people with a consistent service with the same care workers supporting them. This was confirmed by records and discussion with people who used the service. The director and manager told us how they matched people with their care workers, such as personalities. If people did not get on with a care worker, they were removed from their rota. People received a schedule of visits, if they wanted one. This provided them with information about which care workers were planned to visit them and when.

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs. The manager and director told us that the care workers kept them updated with any changes in people's needs. This supported them to organise a review and update their care records to endure that care workers were provided with the most up to date information about people's needs. The director told us that they had identified how people's care records could further be improved and be more person centred. They showed us a new format which they were planning to use. The director showed us the mobile telephone application in place which gave care workers information about the person they were to visit and a map of how to get to their homes.

During our inspection we observed that care workers telephoned the manager and director to discuss their concerns about people's wellbeing. We reviewed the on-call log, this is a telephone number people and care workers can call out of office hours for advice or, for example, to change their visit times. This showed that the service responded to people's changing needs and requests for changes. Examples of this included changes to visit times because people had alternative appointments.

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "There were one or two glitches when I started with them, but when I reported them, there was a readiness to put it right, which I am happy about." There was a complaints procedure in place, each person was provided a copy with their care plan documents.

The manager told us that people were regularly contacted to check that they were happy with the service they received. They said that any concerns were addressed the same day to reduce the risks of formal complaints and to improve people's experiences. Records of concerns and complaints were kept in people's individual records, which identified the actions taken to address them. There was also information in the on-

call log which showed where people's concerns had been acted upon, this included changing care workers and advising care workers of their responsibilities. Where issues were raised people were provided with an apology. The director and manager agreed that they would consider how they could also maintain a log of complaints and concerns received to assist them to monitor and analyse them.

The director told us that there were no people using the service who required end of life care. However, they would provide this service if required. The service had policies and procedures relating to end of life care, which provided care workers with guidance about people's needs. Guidance was also included in the service's staff handbook which was provided to care workers. The manager told us that some care workers had attended end of life training and there were plans in place for this to be provided to all care workers. Where people had made decisions about the end of their lives such as if they wanted to be resuscitated, this was documented. The director agreed that they would consider how they could document other decisions, such as where people wanted to be cared for if they became unwell, including at home or at hospital.

Requires Improvement

Is the service well-led?

Our findings

This service was registered in December 2017 and started providing a service to people in January 2018, this was the first inspection. The previous registered manager was deregistered in June 2018. There had been a second manager employed but they stayed for a short time, approximately five weeks. The current manager was in the process of completing their registration application documents. The service had employed care workers and began supporting people who previously used another provider in April 2018. The director told us that they felt that this was managed well. The director told us that the provider would be moving location on 1 October 2018, they understood that they needed to notify us of this to allow us to update our records.

There had been many changes in the service in the short time it had been registered, and the director recognised that this had affected how the service developed systems to ensure it was well-led. They were keen to hear our feedback and were enthusiastic about the improvements they would be making. The manager told us that they had planned to complete a full audit of the service in the week after our inspection, they were on leave during our inspection but had attended to speak with us. Although this is not required it did demonstrate the manager's commitment to improvement.

There were systems in place to support the management team to monitor and assess the service. These were still being developed as the service was new, however, we were assured that the director had identified the areas that they were planning to improve. This included the care planning format being used, training for care workers and how they assessed the service. The director told us how they completed a list of the areas they needed to improve on and when these points were completed the list was destroyed. They agreed that in the future they would maintain these to evidence that action plans were in place to ensure ongoing improvement. Audits and checks were undertaken on medicines management and people's daily care records. The daily records and medicines records were returned to the office each month and these were reviewed, they were also signed off by senior carers to show they had been checked. Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. We were assured that the service had learned from concerns, incidents and issues and were developing systems to reduce these. The manager, director and coordinator completed care visits, which assisted them to identify any shortfalls and received feedback from people.

The director and manager kept their learning updated, the director had attended a safeguarding course for managers and this training was booked for the new manager. They were aware of the changes in how people's personal information was stored and had policies in place and consent documents had been sent to people who used the service. The management team also received updates of changes in the care industry from the local authority, the providers of their policies and procedures and the Care Quality Commission.

The service's statement of purpose clearly identified the care and support that people could expect to receive. There were policies and procedures in place which gave guidance for care workers to meet people's needs. We reviewed the service's registration documents which identified that the director understood their roles and responsibilities in providing a good quality service.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. People had completed satisfaction questionnaires to express their views of the service. Where comments from people were received the director and manager said they would address them. The completed questionnaires were kept in people's care records. Not all of the questionnaires had been returned to the service to allow them to analyse them fully. People's comments about the service had been gained from reviews, visits, telephone calls and during spot checks.

People told us that they felt that the service was good. One person said, "They cope very very well." Another person commented, "There is nothing they could improve on, I would miss them if I did not have them." Another person commented, "It is a good service I get and the charge is reasonable for what I get."

Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together. One care worker said, "They are very good at keeping us updated." Another commented, "There have been some changes with management, but I think it is well-led, we get lots of communication about changes." Another care worker said, "I just call the office if I need advice and they are very good." Staff meeting minutes showed that care workers were kept updated with any changes in people's needs and in their roles and responsibilities. Care workers were advised to raise any concerns with the management team.

There was a system in place to show care workers that they were valued, this included the carer of the month for care workers who have done something well. They received a card and a voucher.

The director told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care, such as the pharmacy and GP service.