Saint Andrews Limited

Saint Andrews Limited

Inspection report

Danebrook Court
Langford Lane
Kidlington
Oxfordshire
OX5 1LQ

Tel: 01865841362
Website: www.homeinstead.co.uk/oxford

Date of inspection visit:
25 February 2016

Date of publication:
16 March 2016

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 undertook an announced inspection of Saint Andrews Limited on 25 February 2016.

Saint Andrews Limited provides a personal care service to people in their own homes within Oxfordshire. On the day of our inspection 39 people were receiving a personal care service.

There was a registered manager in post. However, on the day of our inspection the registered manager was unavailable. The service was being managed by the operations manager. 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.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The operations manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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 sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Saint Andrews Limited

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.

This inspection took place on the 25 February 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was carried out by two inspectors.

We spoke with eight people, one relative and four care staff. We also spoke with the operations manager. We looked at five people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we contacted the local authority commissioner of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel very safe with the service", "Very nice and safe, yes, no problems" and "Very safe and happy, no concerns". One relative said "My husband is very happy with them (staff)".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd ask what had happened and document everything. I'd then liaise with management and call the safeguarding team and CQC (Care Quality Commission)", "I would report this to my line manager and I can also call Oxfordshire County Council (OCC) safeguarding" and "I'd check the care notes for any clues to what may have happened then report to the manager. I've got the safeguarding team to go to as well if I have further concerns". The service had systems in place to investigate concerns and report them to the appropriate authorities.

Risks to people were managed and reviewed. Most people were independent and did not have complex needs. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was independently mobile. However, they were at risk of falls due to their medical condition, particularly when sitting down on chairs. Staff were guided to support the person with sitting and ensuring they were 'sitting squarely on the chair'. Another person was at risk of dehydration because they could forget to drink. The risk assessment highlighted the person 'needs encouragement' to drink. Staff were also advised to leave drinks for the person when they left. Daily notes evidenced staff monitored this person's drinking and followed the guidance.

People told us staff were punctual and visits were never missed. Comments included; "No missed visits, they take the time to pick up the phone if they are late", "No concerns, staff are respectful and always on time, I have never had a missed call" and "No missed calls, but sometimes late, but they always let me know".

Staff told us there were sufficient staff to support people. Comments included; "We manage to cover all our shifts, no visits ever get cancelled so I think we have enough", "I think we've enough staff" and "Yes there is enough staff. We are all very flexible and the situation is monitored constantly".

Staff were effectively deployed to meet people's needs. The operations manager told us staffing levels were set by the "dependency needs of our clients". They also told us many of the people had live in carers or family members who supported them in addition to the support provided by Saint Andrews. The service used an electronic system to monitor support visits and the system raised an alert is staff were identified as being ten minutes late. This enabled the service to inform the person, contact staff and make alternative arrangements as required maintaining people's safety. Records confirmed there had been no missed visits identified.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring

Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. We spoke with staff about medicines. Comments included; "I do help some people with medicines. I've had the training and my manager regularly checks my competency. All of us have our competency checked and we do them when we do spot checks" and "My competency is checked every six months. It gives you confidence and keeps you up to date". Records confirmed staff had been trained and their competency was regularly checked.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "They are good and help me to maintain the things I can do, it's a nice balance", "The staff are well trained", "Staff seem to be very professional and well trained", "Very respectful and they seem well trained" and "They do an excellent job in the time they have, they don't have long between visits you know, and it's marvellous how they do it".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "induction training was very good, the best I have had in fact. I know who I can contact for any further training and if any of the clients have specific needs we sometimes get that training from the district nurse" and "The induction was good and comprehensive and it gave me lots of confidence. We also get on going training updates and refresher training". We saw training was linked to 'Skills for Care' within the common induction standards. Staff also shadowed experienced staff before being signed off as competent to work alone.

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested further training and we saw this training was booked to be 'completed by the next scheduled supervision'. People's feedback was also used to inform supervisions. One member of staff told us about their career progression. They said "Supervisions are really helpful. I asked if I could progress within the service and I've had lots of training and support. I've just signed up for level 5 in care and management".

Staff were also supported through spot checks. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also fed into staff supervisions.

We discussed the Mental Capacity Act (MCA) 2005 with the operations manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The operations manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "We must assume people have capacity unless we know otherwise. If they don't have

capacity for one decision they can still make other decisions. Its decision specific" and "I deem clients to have capacity unless proven differently. Some clients make daily life decisions such as what to wear or what to eat but struggle with decisions around their health. We have to work with them and their families in the client's best interests".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I ask them even if I know the answer. I ask every step of the way". All the care plans we saw were signed by the person evidencing they had consented to the support plan. One person had appointed a relative to have lasting power of attorney authorising them to make decisions relating to their health and care. We saw this relative had been involved with and had signed this person's care plan.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals. People either bought their own food or families or live in carers went shopping for them. For example, one person had requested support with meal preparation. The person's food preferences were highlighted for staff and we noted the person did not have any special dietary needs. Daily notes evidenced this person was supported in line with their wishes. One member of staff said "We prepare food for clients and we also encourage them to eat and drink. If clients are at risk we record what they eat and drink".

People received effective care. For example, one person was independently mobile and had been given sticks to assist them. However, the person declined to use them which placed them at 'medium' risk of falling. Staff were guided to support this person in line with their decision. The guidance included ensuring a clutter free environment was maintained to reduce trip hazards and encouraging the person to use their sticks if they were struggling with their mobility. Staff were also advised to monitor the person and contact the office if they felt the person's mobility had deteriorated. Records showed the person had not recently fallen.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "Very nice staff, no concerns at all. They are lovely", "Very caring, lovely really", "Very caring and enthusiastic carer, she makes me smile a lot", "Lovely carers yes, I enjoy their company" and "They have always been lovely and very caring". One relative spoke with affection when speaking with us about staff. They said "[Person's] main carer is absolutely wonderful, really an angel. They always remain patient and careful with him, very calm, [person] likes that approach".

Staff spoke with us about positive relationships at the service. Comments included; "They see us as friends which is brilliant", "I absolutely love it here. The clients are great. We have really good caring relationships with them" and "We definitely have caring relationships here. The feedback from clients and relatives is always positive".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. The service promoted people's dignity, privacy and respect through its policy which stated 'provide services which maintain the privacy and dignity of our clients'. This policy was available to all staff and provided advice on maintaining 'client's dignity'.

We asked staff how they promoted, dignity and respect. Comments included; "I shut doors and close curtains when providing personal care. I also cover them up as much as I can to maintain their dignity. For example, when I support someone with a bath or shower" and "I let them know what we are doing, I involve them and get their permission. I'll draw the curtains and cover them up with towels to promote their dignity".

The service ensured people's care plans and other personal information was kept confidential. When we entered the offices of Saint Andrews the operations manager greeted us and checked our identity before allowing us to proceed with the inspection. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. One member of staff said "I don't divulge information to anyone other than the client or an authorised relative. All of our files are locked away".

People's independence was promoted. For example, one person used a wheelchair to mobilise independently. The care plan noted the person 'can manage all transfers independently' but could struggle with washing their back. Staff were guided to support this person where required but to allow the person to do as much for themselves as they were able.

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit.

They also stated what support the staff would be providing. For example, preparing a meal, administering medicine or assisting with showering. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'it was pouring with rain so we couldn't go for a walk. I put in eye drops and we had a cup of tea and a nice chat'.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of this information. For example, one person's care plan stated they were 'quiet' and wanted support from someone who was 'friendly' but 'not too chatty' as they felt this may 'overwhelm them'. Another person had stated they 'loved to read and spend time browsing antique and charity shops. Staff were aware of these people's preferences.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person used hearing aids. Staff were guided to maintain eye contact and speak slowly and clearly to ensure the person understood the staff member.

People received personalised care that responded to their changing needs. For example, one person has recently become unwell and was being cared for in bed until they recovered. Their support plan had been altered to reflect this change. Staff were advised to encourage the person to get out of bed when possible to aid their recovery. Daily notes evidenced the person was slowly improving and able to do this. During our inspection we heard one person ring the office to change a visit time as they had another appointment. We heard staff speaking politely and patiently with the person and their visit time was altered to their preference. We were told road works had delayed staff to meet people's care call times. The registered manager had adjusted staff schedules and travelling times to try to ensure people's visits were unaffected. This meant the registered manager worked flexibly to ensure people received the support needed

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "All our care plans are person specific and they are updated when the client's needs or wishes change. We try to be flexible" and "I always find out what they need and what they want. I then do it their way". Staff were able to explain to us how one person had specific wishes relating to how they had a shower. Their condition meant they required staff support but the person had clearly stated how that support was to be provided. Daily notes evidenced this person received personalised care in line with their wishes.

People knew how to raise concerns and were confident action would be taken. Comments included; "They are always happy to listen to what I have to say, which is kind as I know they don't have a lot of time", "I know I will get help if I need it, they're very responsive", "Yes I know how to complain thanks" and "No concerns, I would speak to [registered manager] if I did and feel very confident it would be dealt with". Details of how to complain were held in people's care plans in their homes. The service also provided contact details for the Care Quality Commission (CQC) and the Local Government Ombudsmen.

People's complaints were dealt with in a timely and compassionate manner. The complaints we saw had all been resolved to the person's satisfaction and any follow up actions from complaints were recorded. For

example, we saw the service contacted one person's family to ensure changes made following a complaint were still being followed.

The service sought people's opinions. 'Client Quality Assurance' calls were made to people by senior staff to obtain their views about the service they received. The results of these regular calls were recorded and we saw the feedback provided by people was very positive.

'Next day courtesy calls' were also made regularly. These calls specifically asked questions about the previous days visit. Again, all the feedback we saw was positive. Records confirmed all people were called on a regular basis.

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager. One person said "Manager seems good; I know I could speak to her". Another said "The manager is very good, very approachable". People spoke positively about the service and the support they received. Comments included; "I'm confident I'm in safe hands", "No concerns it is a lovely service" and "Very satisfied, an excellent service".

Staff told us they had confidence in the service and felt it was well managed. Comments included; "The manager is really helpful and has offered me lots of support. She is open and honest", "The manager is approachable and very nice", "She's lovely, very supportive and very focussed on client's needs. She is a leader", "I enjoy this work, it is very satisfying" and "I like the atmosphere here, everyone is so supportive and we provide a good service to our clients.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The operations manager was "Keen to foster relationships with CQC" and viewed the inspection as an opportunity to learn and improve the service. Both the operations manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said "This is an open service. We talk to families and clients, our door is always open. If a mistake is made here no one worries about telling the manager. There's always someone to help". Another staff member said "Mistakes are never punished, we just learn".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. For example, one incident recorded a person had reported money was missing from their home. The registered manager investigated the incident and was able to establish with the aid of the person's family, the person had mislaid the money. Further action was also taken to protect the person from 'cold callers' at their home and telephone scams.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said "We learn from incidents. We have team meetings every week where we look at incidents and issues and we try to learn from them". Another said "We discuss things and share any learning at team meetings. We also get regular updates through emails".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care. Audit results were analysed and resulted in identified actions to improve the service. For example, an audit identified a series of recording issues with medicine records. This resulted in a review of medicines practice and a new procedure introduced to resolve the recording issue. We also saw staff training on the new procedure was implemented.

An annual survey was conducted by an outside provider on behalf of the service. People, their relatives and staff were able to contribute to the survey and rate the service. We saw the last survey results 2015 and saw

they were extremely positive. For example, 97% of people said they would be 'likely to recommend the service'. 100% of staff said they would 'recommend the service to a friend'.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.