

Signet Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Signet Healthcare Limited is a domiciliary care agency providing personal care and support to people living their own homes. At the time of our inspection there were 53 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

During the inspection we found risk assessments were not always robust enough and medicines were not always managed safely. Safe recruitment practices were not always followed.

The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints, and quality monitoring processes in place, to help monitor and improve service delivery. However, these were not always effective, as they had not identified the areas where improvements were required that we found during the inspection.

People were not always supported to have maximum choice and control of their lives and the provider could not demonstrate people were always supported in their best interests. While the provider had policies and systems, these were not always robustly implemented.

We have made a recommendation for the provider to consider current guidance around recording in a person centred way.

Notwithstanding the above, people were satisfied with the care provided and felt safe. Staff received appropriate training to meet people's care needs. People were supported by the same staff which provided consistency.

People using the service, their relatives and staff told us the management team were approachable and had responded to complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 16 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Signet Healthcare Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent to care, good governance and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Signet Healthcare Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector. After the inspection, an Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not present during the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2022 and ended on 26 January 2023. We visited the location's

office on 30 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the care manager and we reviewed a range of records. This included 5 people's care records, 5 staff records and multiple medicines records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection we spoke with 1 person using the service and 11 relatives. 2 of the 13 care workers we emailed to get feedback of their experience of the service responded to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always have appropriate risk assessments and guidance in place. For example, one person required their catheter to be changed but care records did not include an assessment to identify any risks such as infection.
- Another person who smoked did not have a risk assessment for smoking, which meant there was a risk of fire and no mitigation plan.
- A moving and handling risk assessment for a third person, indicated care workers needed to change the person's positions frequently to minimise the risk of pressure sores, but it was not clear how and there was no record of the repositioning. This meant the person may not have received safe care appropriate to their needs.

Systems had not always been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, other care records indicated the provider did have appropriate risk assessments relating to the environment, medicines, health conditions such as asthma, skin integrity, continence and moving and handling
- People and their relatives told us they felt care workers supported them safely. One person told us, "I do [feel safe] I have got to know them well". A relative confirmed, "[Person] is perfectly safe with them. They have never had an accident" and "Yes, [person] does feel safe. They look after them carefully. [Person] is used to their carers. They have really looked after them".

Using medicines safely

- During the inspection we identified medicines administration records (MARs) were not always completed correctly to confirm that people had received their medicines as prescribed.
- Four of the MARs we looked at recorded 'no outcome recorded'. The provider told us this was due to a system error, but it meant it was not clear if medicines had been administered as prescribed.
- The provider was unable to show us medicines audits to demonstrate they were monitoring medicines management.
- Of the five staff files we looked at, one staff member had an up to date medicines competency assessment, one last had an assessment in 2017 and three had not been assessed. Therefore, we were not assured staff

competency around medicines administration had been suitably assessed.

The provider had not ensured people's medicines were always managed appropriately and safely. This was a further breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely. Relatives comments included, "She has a docket box which we have to keep hidden from her! The carers know where [the dosset box] is and make sure [person] takes everything" and "The chemist delivers [person's] medication and the carers give it to them. [The carers] always make sure [person] takes it".
- Although competency testing had not always been completed, staff had completed medicines training.

Staffing and recruitment

- The provider did not always follow safe recruitment procedures. We looked at four staff recruitment files and saw all four staff were missing one or more reference. This meant the provider had not sought to confirm their staff were of good character and able to provide care and treatment appropriate to their role.

The provider had not ensured recruitment procedures were operated effectively to ensure the suitability of staff employed to care for service users. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a call monitoring system which provided oversight and identified any late or missed calls. We analysed calls for the month of November 2022 and found 26% of calls did not have travel time, and there was a link between staff with no travel time and late calls. Staff we spoke with said they had enough time to travel between calls. People and relatives told us they had not experienced missed calls but had mixed experiences of punctuality. They told us, "The one in the morning is always bang on time. The one at tea time can be a little late...", "I have had frequent discussions about punctuality. In the morning they are always on time but at lunchtime one can arrive twenty minutes after the first one", "[Care worker] is promptly on time, engages well with [person] and is always in a good mood" and "[Person's] main one is always on time. There was one I had to complain about because they were constantly late and didn't stay long enough but they don't come here anymore".
- There were enough staff to support the people using the service and to help keep them safe. People and relatives told us they received support from the same staff which provided consistency of care. Comments included, "I get the same guy every day. I have told them I wanted continuity and in the main that is what I have got", "[Person] has ten different carers who go round to them two at a time. They have all become [person's] friends. [Person] has never had anyone turn up who had not been introduced to them while shadowing one of the regulars".

Preventing and controlling infection

- The provider had systems in place to help control the spread of infection. There was a general COVID-19 risk assessment. However, the service did not have individual COVID-19 risk assessments in place, to help identify who was more vulnerable to the virus.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to help protect people from the risk of infection. People and their relatives confirmed staff wore PPE as required. Comments included, "[Care worker] always wears gloves but we don't wear masks so it is not necessary for them to wear one", "They always wear gloves", "They used to [wear masks] but I don't think there is a need anymore" and "Yes, they always have the relevant PPE".

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from the risk of abuse. The provider had policies and procedures for safeguarding adults and whistle blowing.
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and the action to take to help make sure people were safe.

Learning lessons when things go wrong

- The provider had a system for learning lessons when things went wrong.
- There were no recorded any incidents since the last inspection. Safeguarding alerts we viewed had a completed investigation with actions such as spot checks in place to help mitigate future risks.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. 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 found they were not always.

- The provider told us they had not had to undertake a mental capacity assessment with anyone they supported because everyone had the capacity to consent to their care or someone had lasting power of attorney (LPA) for them, which meant they could legally consent on behalf of the person.
- However, we saw a relative had signed on behalf of one person when there was no evidence the relative had LPA and the legal authority to make decisions for the person. The consent form indicated the person could not sign because they had a physical disability, but the file indicated they had a learning disability which could have impacted their ability to consent to their care.
- Another person had signed a consent form but there was nothing on the form to indicate what aspect of their care they were consenting to. The person's care records indicated they had Alzheimer's and it was not clear if they had the capacity to consent to their care.

The provider had not ensured people always received care in line with the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found other instances where people were able to sign their consent to care form and these were signed appropriately.

- Staff received training on the principles of the MCA.

Staff support: induction, training, skills and experience

- We found staff received training that included an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff also completed annual training to help keep their knowledge and skills up to date and told us they felt supported in their roles. However, we did not always see training specific to people's individual needs, for example training around working with people with a learning disability or autism.
- Staff received supervisions and unannounced spot checks which provided guidance around good practice and helped to ensure staff were supported and competent in carrying out their role.
- People and their relatives told us care workers carried out their duties appropriately. Comments included, "They are all experienced and know what they are doing", "I think they have shown that they have the knowledge to look after [person]. They watch them well", "I do [think they are knowledgeable and confident]. I feel the carers [the person] has now are very good. They look after [person] while they are out and keep an eye on them".

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

- People's needs were assessed as part of 'strengths based' assessment prior to starting the service to confirm their needs could be met by the provider.
- Assessments covered various aspects of people's care and were used as a basis for people's care plans. Most people and relatives said they were involved in care planning, and told us, "Yes [person does] have care plans. Two ladies came to assess them", "The manager came and worked it up with us" and "We had a written care plan initially because we went through everything."

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

- People were supported to maintain a balanced diet. For most people, family members looked after people's dietary needs. However, where people required support with eating and drinking, or meal preparation, this was recorded in their care plans, so staff had appropriate information when providing care.

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

- People received support to maintain good health. The provider worked in partnership with family members and other health care professionals.
- Care plans included information about people's healthcare conditions for staff to understand people's healthcare needs.
- Relatives were satisfied how care workers supported people with their health needs. They told us, "If there are any concerns, or any issues, with [person's] health they always ring us and let us know", "[Carers] explained everything to me and we now have a district nurse coming in to treat [person]. Communication is good" and "So far they have had nothing to notice but they always talk to me and let me know what has happened. They are really good, no issues".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We found care plans were not always personalised. Reviews for care plans were not always up to date or did not include enough detail.
- Communication care plans also lacked detail. One person did not use words to express themselves and their communication plan did not provide guidance on how best to meet their communication and support needs. For example, if they used alternative formats such as pictures as a communication aid.
- For another person the care plan indicated when care workers visited the person they were to 'socialise, carry out stimulant activities and have a chat'. However, the records did not describe what activities the person liked or what their interests were to help give context.
- The care records for the person who required repositioning were last reviewed in January 2022, and it was not clear if they had been updated since to reflect the person's current circumstances. The review indicated the person required an occupational therapist visit to ensure the right equipment was in place but there was no record if this had happened or if there was new equipment in place. A referral regarding the person's diet had also been made but there was no outcome recorded in the care plan. This meant the provider could not ensure the person's care plans reflected their current support needs.

We recommend the provider consider current guidance on person centred care and take action to update their practice accordingly.

- Notwithstanding that care plans were not always updated appropriately, they did have information and guidelines for staff so they could meet people's needs and preferences. For example, what hobbies / interests people had such as reading or attending religious services.
- People and relatives all confirmed staff knew the people they cared for well, knew what their needs were and what was important to them.

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

- Everyone had consistent staff which helped them to build relationships with the staff caring for them.
- Some people using the service lived with their families which helped to reduce social isolation.
- Care workers supported people to access the community when this was part of their planned care.

Improving care quality in response to complaints or concerns

- The provider had appropriate systems for managing complaints and concerns. Records we viewed showed when a complaint was raised the provider recorded their findings, actions taken and lessons learnt to help mitigate future concerns and improve service delivery.
- People and their relatives knew who to speak with if they wanted to raise a concern. Comments included, "I have complained about them not coordinating their timings. It has got better but lunch can be a major problem", "I had to complain about a carer who was constantly late and did not stay long enough but she doesn't come anymore" and "I had to complain about carers trying to change times. Since then we have had another carer and she is alright. It got sorted out".

End of life care and support

- Not all care plans had end of life information. However, no one was being cared for at the end of their lives at the time of the inspection.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection.
- Care plans records did not always have robust risk assessments and care plans to help keep people safe.
- We found information, such as employment references missing from some staff records which meant checks during the recruitment process were not robust enough.
- The provider was not able to demonstrate they had completed medicines audits. Therefore, it was not clear if medicines had been administered appropriately.
- The provider's audits did not identify MCA principles were not always being adhered to appropriately. We found that the provider did not always maintain appropriate evidence that relatives had the legal authority to sign consent forms on behalf of people using the service.

We found no evidence people were being harmed, but failure to effectively operate systems and processes to monitor and improve quality and to monitor and mitigate risk was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relative's views were sought through care plan reviews, telephone monitoring and feedback surveys. However, this was not always consistent as a number of people we spoke with said they had never formally been asked for feedback.
- The views of staff were sought through supervision and team meetings which gave care workers the opportunity to raise any issues. This was further supported by messaging applications to stay in contact with each other.

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

- The provider created a person-centred and open culture. People and their relatives were involved in planning their care and overall were happy with the level of care provided. Comments included, "I would recommend them. I think they provide a good service for that area", "It has worked out really well for us so yes, I would recommend them" and "I think overall they do provide a good service".

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify.
- Staff felt supported by the provider. One staff member said, "Signet is very supportive, especially my line manager. Whenever a concern is raised by the family, the manager takes time to arrange a meeting with the family, discuss their concerns and find a solution."

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

- Managers and staff understood their roles and responsibilities.
- People and relatives knew who the managers were and felt able to raise concerns with them. They were generally positive about how the service was run and about the support they received from the registered manager. Relatives said, "I do know the manager and they are very good" and "[The manager] has been here a couple of times and the coordinator has been to check up on the girls. They sometimes stand in when they are short".
- Staff we spoke with also felt supported by the management team.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always effectively operate systems and processes to monitor and improve the quality of the service and to assess, monitor and mitigate risks.</p> <p>Regulation 17 (1)</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not make sure that recruitment procedures were operated effectively to ensure the suitability of each person employed to care for service users.

Regulation 19 (1)