

St Edmunds Care Ltd

St Edmunds Care

Inspection report

Risbygate Suite, Ask House
2 Northgate Avenue
Bury St. Edmunds
IP32 6BB

Tel: 01284336222

Date of inspection visit:
22 October 2019

Date of publication:
27 November 2019

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

St Edmunds Care provides personal care to people living in their own homes in Bury St Edmunds and surrounding villages. At the time of our inspection the service was supporting 60 people.

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

People were supported by staff who had been trained and were knowledgeable about reporting and acting on any concerns about people's safety and well-being. Risk assessments were in place and staff adhered to these for the management of risks to people's safety. Staffing levels were enough to meet people's needs and recruitment processes were safe. People's medicines were managed safely by staff who had received appropriate training. People were protected from the risks associated with the spread of infection.

People received effective care from staff who had the knowledge and skills to carry out their job roles. People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People's needs were assessed before they started to use the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and treated people with respect and dignity. People were encouraged to be independent. They had their privacy and dignity respected. People were involved in making decisions about their care and the support they received. People received care and support which was personalised to their wishes and responsive to their needs. Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed. People and relatives felt able to make a complaint and were confident that complaints would be listened to and acted on.

People, relatives and staff felt the management team was approachable and the service was managed well. Staff were aware of their responsibilities in ensuring the quality of the service was maintained. There were effective systems in place to seek people's views and opinions about the running of the service and drive improvements.

We have made a recommendation that the provider reviews how they keeps up to date with changing legal requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 21/12//2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

St Edmunds Care

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

The inspection was carried out by an 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. The provider had applied to the Care Quality Commission to register as the manager. As the provider they 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 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 22 October 2019 and ended on 24 October 2019. We visited the office location on 22 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke by telephone with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider

We reviewed a range of records. This included four people's care records. We looked at four 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.

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; Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "I wouldn't be without them [staff]. I don't know what I'd do, they're like family."
- Policies and procedures were in place in relation to safeguarding and whistleblowing. Staff had received training based upon these and told us they felt confident they would be able to recognise abuse.
- Staff understood their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns with the appropriate authority if required. We saw an example of when they had done this when they had concerns about a person who was receiving care.
- People's care records contained information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition and the person's home environment.

Staffing and recruitment

- People and relatives told us there were enough staff available to support them and meet their care needs. They confirmed that the staff came at the arranged time and stayed for the agreed length of time. If staff were going to be late, for example due to traffic conditions, people told us that staff phoned and let them know.
- Systems checked that the staff were of good character and were suitable to care for the people who used the service. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People who were assisted with their medicines were supported by trained staff who had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medication had been administered.
- The provider carried out regular audits and spot checks of medicines were completed.

Preventing and controlling infection

- People told us that staff used personal protective equipment such as gloves and aprons when providing care. This reduced the risk of cross infection when providing personal care and support to people.
- Staff confirmed they had received training in infection control.

Learning lessons when things go wrong

- The provider responded appropriately when accidents, incidents or near misses occurred. The provider told us they had recently started a new system for monitoring incidents to better identify any trends.

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

- People's needs were assessed before being supported by the service, with family members and significant others involved in the process.
- Assessments had been completed in line with current legislation and good practice guidance. This information was used to create person centred care and support plans with people.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right knowledge and skills. One person said, "As far as I'm concerned, they're trained and know what they're doing. I think they understand what's wrong with me too."
- Staff received an induction into the service and were introduced to people before they began providing care.
- Staff were supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available.

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

- People were assisted, when required with their meal preparation and with the support they needed with meals.
- One person told us, "I have ready meals and a cold lunch. They ask me what I fancy, and we go through together what there is. They went on to tell us that carer staff ensured they had enough to drink and, "Always leave out a drink when they go."
- People were assessed for the risk of poor nutrition and information about any risks associated with eating and drinking were clearly recorded.

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

- Staff supported people to access healthcare services when they needed them. This included making appropriate referrals and attending healthcare appointments. One person told us, "They will take me to the hospital or dentist. They take care of me. They help me in and out of the taxi, so I don't get hurt."
- Relatives shared examples of how the staff were proactive in managing their family member's health needs and keeping them informed of any changes. One relative told us, "If [relative] is unwell they always notice. If [relative] is going a funny colour they immediately see it, they tell me. They have called out the paramedics on three occasions. She [carer] noticed [relative] wasn't well, wasn't breathing well and she [carer] acted straight away."

- People's care records showed that other professionals were appropriately consulted and promptly requested as required. This included GPs, dieticians and speech and language therapists.

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. 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.

- People told us that staff asked for their consent before providing care. One person said, "They do always, they haven't ever done something without asking me first."
- Care records showed that people had consented to their care and were involved as much as possible in their ongoing care and support arrangements.
- Our discussions with the provider and staff showed they understood the requirements of the MCA.

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

- Everybody we spoke with told that staff treated them well and were consistently kind and caring. One person said, "They are caring, very caring. I think they've got to know me very well. They know where I like to put my clean washing, they do it automatically now, they will do anything."
- Our conversations with staff showed they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. They spoke about people in a caring and respectful manner and shared how they enjoyed the role they played in supporting people in their daily lives. One member of care staff said, "I love it here, I wake up in the morning and am happy to come to work."

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

- People and their relatives were involved in care decisions daily through reviews and surveys about their experiences.
- The views and preferences of people using the service were clearly expressed in their care plans. Care plans supported the involvement of people in decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff protected their dignity and privacy. One person said, "Absolutely respectful. They are so kind and respectful to us both, it's like having a caring family around us."
- Staff supported people to be as independent as they were able. One person told us, "It's important I do what I can. I always feel they understand that, they respect it."
- People's confidentiality was respected. Records containing personal information were stored securely.

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

- People told us they had been involved in their care plan. One person said, "They came out at the start. I felt very much part of it, they asked me lots of things and I told them what I needed."
- Before people began receiving care and support a senior member of staff carried out an assessment of their needs to ensure these could be met by the service. This was reviewed after six weeks and six monthly thereafter to ensure it remained appropriate.
- Care plans provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.

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.

- Where required information could be provided to people in alternative formats such as pictorial format, large print and easy read to enable them to access the information in a way they could understand.
- One person with limited sight gave us an example of how care staff supported them to read the texts on their mobile phone.

Improving care quality in response to complaints or concerns

- A complaints process was in place. One person said they would be comfortable making a complaint if necessary and continued, "They're quite happy if we want to be frank with them. I can't imagine them bulking at a complaint.'
- The service had not received any formal complaints and people told us if they raised any minor concerns these were dealt with appropriately.

End of life care and support

- At the time of our inspection no one was receiving end of life care, however people's preferences for their advanced care wishes had been considered. Whilst some people had opted to share their wishes and expectations for their end of life care, others had declined to have these discussions with staff and this had been respected.

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

- People and their relatives were complimentary about the care and support provided. One person said the service was well managed and went on to say, "Everybody seems to be happy and that's always a good sign. I've not heard anyone grumbling." Another person said, "It is certainly is working for me. I'm very happy and can't think of anything that could make it better.'
- The provider told us that they tried to ensure a consistency of staff when planning the rota. This supported care staff to get to know people and their backgrounds well, which enabled positive relationships to develop and contributed towards good outcomes for people.
- Staff were positive about working for the service and the care provided. One member of care staff said, "This is the best care company I have worked for. If you have a problem they are on it. Nothing is an issue."

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

- Where appropriate duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

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

- Safeguarding incidents had been managed and reported appropriately to the local authority. However, the provider was not aware of their responsibility to report safeguarding incidents to the Care Quality Commission.
- Whilst pre-employment checks such as with the disclosure and barring service and references had been carried out the service had not carried out the required checks with the immigration service.

We recommend that the service reviews how it keeps up to date with changing legal requirements.

- There was a programme of quality assurance checks in place, including care records and medicines. These supported the management team to address any shortfalls promptly.
- Staff had their competency assessed by a member of the management team, to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the management team if they needed guidance and support.

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

- The service carried out regular surveys to assess the quality of the care provided.
- There were regular staff meetings and staff told us they felt supported in their roles, and management listened to their ideas.
- The service had recently organised a coffee morning to raise money for cancer research and people had been supported to attend. One person told us, "I didn't go but I was very happy to be asked. I've been told they're having a Christmas party too." The provider told us about a person who was planning their outfit for the Christmas party. This supported people to engage with the service and combatted social isolation.

Continuous learning and improving care; Working in partnership with others

- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and other services providing care.
- The provider had recently attended an event at the local hospital to ensure a smooth discharge from the hospital.