

Saints Care Agency Ltd

Saint Care Agency

Inspection report

Unit 10 B
111, Ross Walk
Leicester
Leicestershire
LE4 5HH

Date of inspection visit:
17 December 2015

Date of publication:
17 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 17 and 21 December 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we need to be sure that someone would be at the office.

Saints Care Agency Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were 8 people using the service.

Saints Care Agency Ltd had a registered manager in post. 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 that they were very happy with the staff at Saints Care Agency Ltd and they felt that the staff understood their care needs. Care staff were confident to report any concerns about people's safety, health or welfare to the registered manager.

Care staff had undertaken safeguarding training and knew what to do if they had any concerns about the well-being of any of the people using the service. Staff understood their role in preventing potential harm and managing risks to people. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. There was further work required to ensure that risk assessments in people's care records had sufficient detail and information to support staff to manage risks to people safely.

People confirmed that staff stayed for the length of time allocated and arrived on time. People also confirmed that calls were not missed and that they received consistency and choice in carers. All the people we spoke with had no complaints about the service.

People said they thought care staff were well trained, knew how to support them effectively and were responsive to their changing needs. Staff had induction and on-going training that supported them to meet people's individual needs. However, not all staff records were reflective of the induction and training staff had undertaken. The registered manager told us that she would address.

Care plans were personalised and people's consent to care and treatment was sought. People told us that care staff respected their choices and decisions and that they had been involved in the planning of their care. Some care plans lacked detail and the registered manager has told us she will ensure that care plans are developed further.

The registered manager and care staff were knowledgeable about the needs of people using the service and took into account their personal preferences. People told us that staff were caring and treated them with

dignity and respect.

People told us they were aware of how to raise concerns. They were confident that any concerns raised would be responded to by the registered manager. People who we spoke with told us they were happy with the service and how it was managed.

People told us that that registered manager was open and approachable and was very involved in the day to day running of the service. People appreciated the registered manager carrying out spot-checks and visits to their home to monitor their care and support and check on their welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

People had risk assessments in place but these were not detailed or robust to provide staff with the information they needed to support people safely.

The service had an effective recruitment process to ensure that staff were suitable for the roles in which they were employed.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective

Staff had the training they needed to provide effective care and support.

The service used the principles of the Mental Capacity Act 2005 when assessing people's ability to make decisions and obtained consent to care from people who used the service.

Staff understood people's health needs and how to respond to changes in people's needs.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with praised the staff. They told us that staff were kind and caring. People told us that when staff supported them that staff helped them to maintain and develop their independence.

People were actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before receiving a service. Care staff provided the care and support which was personalised and took into account people's preferences and individual needs.

People felt comfortable to complain and were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led

People were satisfied with how the service was managed.

The service had a registered manager in place who was registered with the Care Quality Commission. People confirmed they had access to the manager, that she visited them in their homes and that she was approachable and friendly. Staff said the manager was supportive and efficient.

The provider undertook monitoring to check the quality and safety of the service which included spot checks and telephone calls.

Saint Care Agency

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 17 and 21 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service.

We spoke with two people who used the service and one relative whose family member used the service. We also spoke with the registered manager, the responsible individual, and three care staff.

We looked at the records of five people who used the service, which included their care plans, risk assessments, medicine administration and daily well-being logs. We also looked at the recruitment files of four members of staff, records of complaints, policies and records of accidents and incidents. We also reviewed information on how the quality of the service was monitored and managed.

We asked the registered manager to send us additional information in relation to safeguarding policy, staff induction and training and consent. This information was received in a timely manner.

Is the service safe?

Our findings

People using the service told us they felt safe when supported by the staff. One person told us "I feel safe because the staff are well trained, kind and honest. They are really nice." People using the service confirmed that staff arrived on time and stayed for the allocated time. A relative commented that the carer for their family member stayed for the whole duration of the call and did what was agreed. They felt that their family member was safe with the carer.

The provider's policies and procedures for safeguarding (protecting people from abuse) told staff what action to take if they had any concerns about people's welfare or safety. We spoke with the registered manager and staff about safeguarding procedures. The staff who we spoke with told us that they had undertaken training in safeguarding adults and knew how to recognise the signs of abuse and how to report concerns. Staff training was confirmed on the training matrix and copies of certificates on staff files. One staff member told us "I would go to my manager if I thought someone was being abused. I know other numbers to ring if I didn't feel that the manager was dealing with it". Another staff member told us "I would have no worries in going to the registered manager if I suspected abuse. I do feel people in this service are kept safe".

We looked at a sample of staff rotas for the service over a two week period. The registered provider was in the process of transferring data into an electronic system which showed which staff supported each person. We saw that people received continuity in carers and that there were sufficient numbers of care staff to meet the needs of people and keep them safe. People we spoke with told us that they had regular staff for their care and that they were reliable. This meant that people were supported by carers who were known to them.

We spoke with staff about their recruitment processes including staff who had recently transferred to the service from another provider. They confirmed that they had completed an application form and that they had in place a Disclosure and Barring Service (DBS) identity check, which helps employers to make safer recruitment decisions. We looked at four staff recruitment files and supporting staff transfer information and found that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service. This meant that staff were supported by staff who had received appropriate checks to ensure they were not unsuitable to work with people who use the service.

People's care records showed that their needs were assessed and identified risk such as mobility and risk of falls had been assessed. However some risk assessments lacked detail required to enable staff to manage more complex risks to people. For example, one person was identified as being at risk of significant injury through their medical condition. The risk assessment did not clearly identify the measures staff needed to take to keep the person safe. Another person was identified as being at risk through difficulties with their breathing. However although the person's risk assessment identified the need for staff to support the person to use specialist equipment, it did not highlight the safe use of the equipment or include an emergency plan in the event that the equipment should fail. We saw that more comprehensive information relating to risks was included in local authority assessments in people's care records but this information was not easy to

locate and had not been transferred to the providers' format. This meant that staff may not have the information they need to support people and keep them safe. We discussed this with the registered manager who agreed to develop risk assessments to include all essential information to support staff.

We looked at how the service supported people with their medicines. Some people were prompted to take their medicines whilst other people needed support with the administration of their medicines. One person who used the service told us "I only need a little help with my medicines, the staff prompt me and sometimes open containers for me if I am struggling." Medicine Administration Record sheets (MARS) were available within people's care files. We saw that staff signed the MARS sheets to confirm that they had supported people with their medicines and included the support on the person's daily log. Staff who we spoke with confirmed that they had received training in medicine administration. For example some people required staff to administer rescue medicines to help them to manage their health needs. Rescue medicines provide quick relief of symptoms to prevent emergency situations. Staff told us that the provider had arranged for all staff to undertake specialist training in the management and usage of the rescue medicines. We saw that this was confirmed in staff training records. This meant that people could be assured that they received safe and appropriate support from staff who were trained in supporting people to maintain their health. We saw that the service had a medicine policy and procedure available for staff to refer to.

Is the service effective?

Our findings

People who used the service told us they were supported very well by the staff and thought that they were well trained. One person told us "I feel that my carer is well trained. They know what they are doing when they help me." A family member of a person who used the service told us "Staff seem to be very professional."

Staff who we spoke with told us that they thought they had a good level of training. One staff member told us "I had previous up to date training and learning before I came here but the registered manager reviewed this and identified where I needed further training. I have now undertaken this training and feel more confident." Another staff member told us that they had recently had training in manual handling and epilepsy. We saw a training matrix which detailed some of the training undertaken by staff working within the service and saw evidence of courses planned and bookings made for future training to support staff development, such as managing behaviours that challenge and mental capacity training. However, the training matrix was not kept up to date and not all recent courses had been entered onto the matrix. We discussed this with the registered manager who told us they would ensure that all staff training was on the matrix and that it was kept up to date.

We saw that staff received formal supervision from the registered manager. One staff member told us "They (the registered manager) are very on the ball, I have had supervision and they share with me the things that they want to achieve [for the service]. I feel they are very efficient." Staff told us that they felt very supported by the manager.

We looked at the induction process for staff and the registered manager confirmed that staff undertook this prior to providing support and care to people. We spoke with one staff member who told us that they had a two-week induction period prior to commencing. This involved meeting with the registered manager who clarified what was expected of the staff member in their role and shadow shifts where the staff member worked alongside more experienced members of staff to get to know the people using the service. The induction also included time management and call schedules. The staff member explained that the registered manager had worked alongside them during their induction to introduce them to clients and make sure they knew how to meet their needs. We found that staff training records were not reflective of what the care staff and registered manager told us. There was very little evidence of induction for staff. We discussed this with the registered manager who agreed to ensure that induction and training records were updated and kept up to date.

A record was kept of all accidents and incidents that occurred within the service. Daily logs for people confirmed that staff had liaised with the registered manager for advice or information in the event of an accident or incident. The registered manager confirmed they looked at all accidents and incident reports and checked for any patterns emerging.

We looked at how people who used the service were supported to have their health care needs met. One person who uses the service told us "The staff are brilliant. They have supported me when my care needs

have changed and are flexible if I need extra support." We saw that people's emotional and physical well-being was recorded in each daily log and any concerns or changes were recorded and responded to. For example, one daily log recorded that the person using the service was experiencing back pain and the person had been supported to take prescribed pain relief medicine. There was a clear trail where all staff monitored the person's health and well-being to ensure that the treatment was effective. Within the care plans there were details of the person's GP and next of kin.

We discussed with the registered manager the Mental Capacity Act 2005 (MCA) and they showed their awareness and understanding of the act. They explained that they were in the process of working with the local authority to undertake a best interest assessment for one person who used the service. We saw that some people had signed care records to give their consent to care and treatment. Where people were not able to do this, the service had involved relatives and were in the process of obtaining signed consent forms from next of kin. One relative of a person who used the service told us that staff did what they were asked to do and the person was able to confirm this.

We looked at training records and saw that staff were due to undertake awareness training on the MCA 2005. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider's policies and procedures for the MCA and Deprivation of Liberty Safeguards (DoLS) were up to date.

Is the service caring?

Our findings

People who used the service told us that they thought the staff were caring. One person told us "my carer is kind and caring. They look after me the way I want to be looked after". A relative of a person who used the service told us that they checked in [with their relative] every day and were reassured that the carer was professional and caring during their calls. They told us that they felt staff "did a good job". Another person told us that the staff and the registered manager had supported them to apply for changes to their care package and that they really appreciated the support the service had given them.

People who used the service confirmed that staff treated them with dignity and respect and felt that they had developed good relationships with their carers. One staff member told us that working alongside experienced staff helped them to get to know the person and how they liked to be supported. They told us that they always asked the person before they helped them with anything and gave us examples of how they supported the person to maintain their privacy whilst they supported them with their care needs, for example assisting with people's personal care needs.

People who used the service told us that they were involved in the care planning process and this was undertaken during a meeting with the registered manager. The registered manager was able to explain different people's needs and explained that they always undertook the initial assessment so that they had a clear understanding of the person's individual needs. Staff told us about the people they supported. They were knowledgeable about them and had a good understanding about people's diversity and preferences. For example, one staff member supports a person whose first language is not English. The staff member is able to converse with the person in their preferred language and took the time to involve the person in celebrations for Diwali.

People were provided with information about the service in a 'client services guide'. This included the service values, aims and objectives and details of the registered provider and registered manager. It also included details of the service provided and information on how to share comments, concerns and complaints. These documents gave people information on the support that the service could offer.

Is the service responsive?

Our findings

All the people using the service and relatives whom we spoke with told us that care workers provided a personalised service that was responsive to people's needs. One person using the service told us "my carer knows that I have good and bad days and on the bad days, they give me a little more help." A relative of a person using the service told us that the service was flexible and was willing to adjust care hours and increase care if necessary as and when needed.

People who used the service told us that staff arrived at the time they were expected and were never late. They confirmed that staff stayed for the full length of time. The registered manager told us that they carried out spot checks on visits to ensure that staff were where they should be. People who used the service confirmed this and felt reassured although they had not had any problems with the time keeping of staff.

Care records we looked at showed that people had been involved in an assessment of their needs and the information was used to develop their plans of care. Care records showed that people's personal preferences and likes and dislikes were taken into account during care planning. Some care plans lacked detail. For example, one care record read 'support with food slowly' but didn't explain in detail the support the person needed with their food. Another record showed that one person used specific sign language to communicate but the care plan did not provide further information on the person's preferred method of communication. In some cases, the local authority's support plan had not been transferred into people's care plans in sufficient detail to enable staff to provide responsive care if this was the only information they had.

We discussed this with the registered manager who explained that they always ensured that care staff allocated to calls were given in-depth information before starting the call and that they shadowed the registered manager as part of the introduction to the person using the service. The registered manager only allocated care staff to calls when they showed sufficient knowledge and competency and the person was happy with the allocation. Staff and people who used the service confirmed that this was the case. The registered manager agreed to develop care plans further to ensure there was enough information for care staff to easily reference to ensure continuity in care should allocated care staff change.

People who used the service were able to 'bank' time within their care packages. For example, if someone did not require the full length of a call for a particular day or give sufficient notice of cancellation, the time could be banked rather than lost. The registered manager retained a tally of banked time for people and time could then be used to support social trips or escort to health appointments. This meant that the service responded positively to people's changing needs and abilities on a day to day basis.

The registered person had a complaints policy in place which detailed how to make a complaint and the person to report complaints to. There was evidence that people using the service had signed to confirm receipt of the complaints procedure. The service had not received any complaints and we had not received any concerns about this service.

The registered manager often went out of their way to support people using the service who were at risk of social isolation. For example, the service had a stand at a local community event to promote the service and invited a person using the service to spend the day with them as a social activity. The service has also arranged coffee mornings to fund raise for chosen charities and supported people who used the service and their families to attend by arranging transport for them.

Is the service well-led?

Our findings

People told us that they were happy with the quality of care and the support provided. One person using the service told us "My carer is brilliant". Another person told us that they found the service to be very professional and appreciated that invoices were raised on time and were accurate.

People told us that the registered manager and the responsible individual will often visit in person to check on their well being and monitor provision. The registered manager also called periodically to check that everything was ok and that the person was happy with their care. People appreciated this hands on approach.

The registered manager told us that they carried out random spot checks on staff undertaking visits as part of their internal monitoring. Although they kept a personal record of the outcome of these visits we found no formal record of the visits as part of a quality assurance process. We discussed this with the manager who agreed to implement a system where the outcome of spot checks and monitoring calls were recorded and evaluated to ensure effective monitoring of the quality of the service.

The service had sent out one satisfaction survey as most people had not used the service for very long. The results from this survey were positive. People told us that they had the opportunity to discuss any issues or concerns directly with the manager when they visited them or felt that they could contact the manager at any time. The registered manager told us that they had developed the website for the service to enable people to leave feedback on their care and the service whenever they wanted to.

Staff told us that they were supported by the registered manager. One member of staff told us " The [registered] manager is always approachable and always returns my telephone calls. They are very efficient as they get things done when they need to be done, we don't have to wait." Another member of staff told us that they felt that the registered manager listened to them and worked to improve things all the time. Staff told us that the manager ensured that care plans and information such as training and changes were shared with staff to keep them up to date with people's needs and changes to the service.

The registered manager told us that they were in the process of booking supervisions for all staff following recent transfer of care staff from another provider into the service. This supported our findings that some staff did not have regular supervisions with the registered manager. Care staff told us they could discuss any issues or concerns directly with the registered manager during training sessions, telephone calls or when the registered manager carried out spot checks. Care staff meetings were held periodically and key topics were discussed. Recent meetings had concentrated on the transfer of new staff into the service and planned training for care staff.

The service had a registered manager in post. They had a clear understanding of what good, personalised care looks like and were clearly knowledgeable about every person's care. They were responsible for the day to day management of the service and were supported by an administration worker and the responsible individual. We found that some records, such as training matrix and some staff records were only accessible

by the administration worker. This meant that the registered manager could only access records when the administration staff was on duty. We discussed this with the registered manager who told us they would ensure that they had full access to all records in future.

The registered manager promoted an 'open-door' culture which enabled staff and people who used the service to feel comfortable in approaching them directly if the event of any queries or concerns. This was confirmed by people who we spoke with and care staff working in the service.

We saw examples where the manager had developed partnership working with other organisations such as local colleges and other small businesses to provide training and development for staff. The registered manager was able to discuss future objectives for the service. The service was in the process of implementing an electronic system which would reduce the amount of time the registered manager spent on developing call schedules and accessing information. This showed that the provider was able to identify and plan for improvements and developments for the service.