

Saint Andrews Limited

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Inspection report

Danebrook Court
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We undertook an announced inspection of Saint Andrews limited on 3 August 2017.

Saint Andrews Limited provides a personal care service to people in their own homes within Oxfordshire. On the day of our inspection 47 people were receiving a personal care service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe receiving care from Saint Andrews Limited. There were sufficient staff to meet people's needs. Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's G.P's to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be extremely responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly and the service and staff went the extra mile to improve people's lives.

The service engaged people with fundraising events for local and national charities and maintained links with the local community. People told us this had a positive impact on their lives.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos. A strong team culture existed in the service which included all staff, management, the owner and the provider. Both the owner and provider provided strong support and leadership for the team. The registered manager and staff strived to continually look for ways to the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Care plans were personalised and gave clear guidance for staff on how to support people. Staff were highly motivated and committed to delivering personalised care and improving people's lives.

The service responded to people's changing needs and went the extra mile to enable people to achieve their potential.

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

People told us they were listened to.

Is the service well-led?

Good ●

The service remains Good.

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 3 August 2017 and was announced. 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. The inspection was carried out by an inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with four people, three relatives, four care staff, the registered manager and the owner. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. People's comments included; "Yes I am safe. They (staff) take care of me", "I'm very safe because they let me know what's going on" and "Yes, I am completely safe". One relative commented, "I do feel my daughter is very safe and I am quite protective".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I would speak with the office immediately and I can call the council safeguarding team or CQC (Care Quality Commission)" and "I'd talk to the office and let them know. I have the option to contact the local authorities as well". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff visit records confirmed planned staffing levels were consistently maintained. People told us staff were punctual and they experienced no missed visits. An electronic telephone monitoring system was used to manage visits, which alerted the office if staff were delayed. This enabled office staff to contact people and inform them of the delay and, if required, deploy other staff to make the visit. People's comments on punctuality included; "They are always good about coming on time and always call me if there is a problem" and "Very punctual and never fail to turn up".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. For example, one person was at risk of choking. Guidance had been provided for staff which included ensuring the person's food was 'soft, moist and liquidised' and that the person was 'sat upright' when eating. Daily notes evidenced this guidance was followed.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One staff member said, "The training I've had was clear, informative and helpful. It gave me a lot of confidence". One relative said, "The carers have the skills, they are well trained and I am confident they can care for [person]".

Staff continued to receive effective support. Staff had regular meetings with their line manager, an annual appraisal and work based spot checks. Staff told us they felt supported. Comments included; "I am supported here, very much so. I have supervision meetings which make you think about your work" and "I really feel supported. They have done so much to help and I am now taking further qualifications".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "The act is there to safeguard people who may lack capacity to make certain decisions. I assume they have capacity unless I am told otherwise". The registered manager had a clear understanding of the MCA and showed us records relating to lasting power of attorney appointments made by people and authorised by the court of protection. People's consent was sought and recorded in care plans. One staff member commented about consent. They said, "I always ask permission, it is so important".

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. One person said, "The girls (staff) prepare some of my meals, no problems at all".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs, district nurses and speech and language therapist (SALT). One relative said, "My daughter can be a bit of a handful so now the carer comes with us to all medical appointments, it is very helpful".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. People's comments included; "They (staff) are very caring, I am completely satisfied", "I get care that I value very much" and "The staff are caring, I get on with them all just fine". One relative commented, "Very caring and very patient. The staff are very fond of my mother, I can tell".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love it here, absolutely, I get on so well with all my clients", "I love being with the clients, it is so rewarding" and "I really love working with elderly people, they are fantastic".

People were involved in their care. Care plans contained documents stating people had been involved in the creation of their support plans and reviews of care. One person said, "I have been fully involved from the start. They also update my care plan with me".

People were treated with dignity and respect. 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. People told us they were treated with dignity and respect. People's comments included; "Yes I am treated with respect, and affection as well" and "Dignity and respect? Oh yes, very much so".

People were supported to be independent. Care plans reminded staff to promote people's independence and involve them in all decisions. For example, one person's care plan guided staff to ask the person if they were 'able to lift their arms' when supporting them to get dressed. We spoke with this person who said, "They (staff) allow me to do what I can".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

The provider's equal opportunities policy was available to people. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Is the service responsive?

Our findings

The service continued to provide responsive care, meeting people's needs and improving their lives.

People told us the service was responsive. Comments included; "They are excellent and very responsive. I only have to tell them about something and they deal with it, every time", "I frequently ask to change days or visit times and they've always come through for me. Superb" and "Oh they do listen to me. They changed my visits so I could continue to pursue my personal interests. They are like a close friend living nearby". One relative explained how the service enabled them to go away for a weekend. They said, "I approached them and said I wanted a weekend away but I was worried about mum. They didn't have capacity at that short notice but they arranged for a really good carer from a different organisation for me. They are very good, in fact they are the best".

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, the registered manager provided evidence detailing how one person was being discharged from hospital but could not return to their home, as this had contributed to their declining condition, and had to search for new accommodation. The service assisted the person to look for a new home and staff accompanied the person to view potential properties. Once the person had chosen their new home, staff assisted the person to pack and move into the new property. We saw emails from the person's family, who were unable to assist with the move, expressing their thanks and explaining how the move had helped to improve the person's health and wellbeing.

Staff responded to people's needs over and above the remit of their role. One staff member became aware a person grew up with and loved dogs. The person could no longer manage to care for a dog so the staff member took the person on a picnic with their dog. We saw photographs of this event which showed the person smiling and clearly enjoying themselves with the dog. The registered manager said, "[Person] was overjoyed with the afternoon picnic".

People's cultural needs were identified and the service responded when these needs changed. For example, one person was a foreign national but spoke good English. However, as their condition declined they began speaking in their native language. The person's family and staff raised this with the registered manager as staff could no longer understand the person. The registered manager checked with staff and found one staff member who could speak this person's language. This staff member became this person's main carer enabling the person to be understood and allow conversation with staff.

The service worked to build relationships with the local community. Staff volunteered to work for six months at a local 'lunch club'. The club provided an opportunity for people to engage with the local community and make new friends. Between February and June 2017 the service hosted six events at the 'lunch club' with around 20 people attending each event. The registered manager told us people, staff and members of the local community socialised and, "Many people made new friends".

People's opinions were sought and action taken to improve their lives. Regular surveys were conducted and

we saw the results of the last survey which were very positive. Some people had raised the issue of communication and felt there was 'room for improvement'. Action was taken and another administration staff member was recruited to improve communications. 97% of people surveyed stated they would recommend the service.

One person raised an issue relating to 'unwanted or fraudulent' callers knocking on their door. The registered manager contacted the police for advice and was able to obtain a number of stickers people could attach to their doors stating 'warning, no cold callers'. These stickers were circulated to all people using the service along with written advice from the police relating to 'cold callers'. The registered manager said, "Clients are using these stickers and those I have spoken to tell me they feel a little safer now".

The service supported charities and encouraged people and their families to engage in charitable events. The registered manager told us, "We decided to partake in World Alzheimer's cupcake day. Alzheimer's is a charity close to our hearts, not only do many clients suffer but it also affects the families. We contacted two local cake businesses who donated the cakes and we sent invitations to clients, their families, staff and local businesses". The registered manager went on to say, "We raised £352 for the charity. It helps clients to feel they are still contributing to society". We saw photographs of the event with people and staff clearly enjoying the occasion. We also saw a letter from the Alzheimer's Society thanking the service for its efforts.

The service also raised money for local dementia specialist day centres people visited. A recent raffle was held and the registered manager contacted local businesses to ask for prize donations. A local car manufacturer donated a signed formula one cap and other businesses donated gift vouchers for their services. This staff raffle raised over £90 for the day centres.

People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan recorded the person liked 'to go to the gym' and 'get out and about'. Staff we spoke with were aware of people's likes and preferences.

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan noted how the person could suffer short term memory loss. The person had request staff support them with their day to day routines. This included recording events for the person such visits from the district nurse. Daily notes evidenced this support was provided consistently.

People knew how to complain and were confident action would be taken. The provider's complaints procedure was held in people's care plans. There had been three complaints since our last inspection, all had been dealt with compassionately in line with the provider's policy.

People and their relatives told us they knew how to complain and were confident action would be taken. One person said, "Yes I know what to do, I'd call the office. I'm sure they would take it seriously". A relative said, "They would listen to me, definitely. We have such a good relationship with this service".

Is the service well-led?

Our findings

The service continued to be well-led. There was 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 were positive about the service and the registered manager. Comments included; "I have met the manager. They are very capable and on the ball and she takes the time and trouble to make sure you're comfortable with the care you are getting" and "The manager is very good, the service is effective and communications are excellent". One relative said, "I think they are terribly efficient, phones are answered and we've never been let down. It gives you such confidence".

Staff told us the service was well-led, open and honest. Staff comments included; "I get on really well with [registered manager] and I can approach her with anything. This is just a well-run service" and "This is an open and honest service. We don't point fingers, we learn from mistakes and we have a great manager".

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, medicines, and staff support systems. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Action plans were created from the monitoring process to drive improvements. For example, following analysis, a monitoring system was put in place to monitor people for infections or other trends that put people at risk of falls. Where people were identified as being at risk, plans were put into place to manage the risk. As a result the number of recorded falls had reduced.

There was a whistleblowing 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 whistleblowing 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 (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.