

# St Christopher's Personal Care Services Ltd

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## Inspection report

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13 July 2016

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## Ratings

Overall rating for this service	Good ●
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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

This inspection took place on the 11, 12 and 13 July 2016 and was announced. St Christopher's Personal Care Services Limited domiciliary care agency was registered with the Care Quality Commission on 6 August 2014. This was the first inspection of the service.

St Christopher's Personal Care Services Limited is a domiciliary care agency that provides care and support for people at the end stages of life to enable them to continue to live independently in their own homes in South East London. At the time of this inspection 60 people were using the service.

The service 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 and associated Regulations about how the service is run.

We found the service had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People had access to health care professionals when they needed them and were supported, where required, to take their medicines as prescribed by health care professionals. Staff had completed training specific to meet the needs of people using the service and they received regular supervision. The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary and other essential support needs.

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The registered manager was committed to continuous improvement and used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, spot checks and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Recruitment checks were robust. The provider sought references from former employers and higher education establishments.

The provider had procedures in place to protect people from abuse and unsafe care. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service and staff told us there was always enough staff available to them and they turned up on time.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

People were supported by staff who were sufficiently trained, skilled and experienced to support people. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good 

The service was caring.

People said they had been consulted about their care and support needs.

People said that carers treated them with kindness and respect in their day-to-day care.

People's privacy and dignity was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff encouraged people to be as independent as possible.

Assessments were undertaken to identify people's support needs before they started using the service.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### **Is the service well-led?**

**Good** ●

The service was well led.

The provider took into account the views of people using the service and staff through surveys.

There were systems in place to monitor the quality of the service and make improvements where needed.

Staff said they enjoyed working at the service and they received good support from the manager and office staff.

# St Christopher's Personal Care Services Ltd

## **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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 11, 12 and 13 July 2016 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 the manager would be available. The inspection team comprised of one inspector on the first and second day and a pharmacy inspector on the third day. An expert by experience made calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector attended the office and interviewed staff and visited a relative and one person using the service.

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 the care records of nine people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with a total of five people using the service, nine relatives, eight members of staff, the registered manager and the provider. We also spoke with a number of health care professionals and asked them for their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person's relative said, "My relative is really poorly but I know that he is safe. The carers are marvellous." Another said, "They wear a uniform and badge are easily identifiable." People told us they tended to have regular carers and this helped them to feel confident and safe.

The service had safeguarding and whistle-blowing policies in place and all staff had up to date training on safeguarding and whistleblowing procedures. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a home setting and explained what they would do if they suspected abuse. The registered manager was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when suspicions of abuse were reported.

We looked at personnel files of ten members of staff and saw that appropriate recruitment checks had taken place before they started work. Application forms had been completed documenting the qualifications and experience of the applicant. There was documentation supporting an applicant's full employment history together with at least two references and a satisfactory explanation of any gaps in employment. There were completed identity and criminal records checks made before staff started work. All of these checks supported that the person was suitable to work for the service. This meant that staff were suitable to care for and support people.

Staff and the manager said that there were always enough staff on duty to support people. We saw records that supported this and considered an example of the use of technology to monitor times of staff visits on people. We spoke to staff who told us that they realised the importance of the monitoring system, that it was reviewed regularly and helped to ensure that people were seen at the right time and for the correct amount of time. One person who uses the service said, "I cannot remember the carers ever being late." Another said, "The carers are always here. Even at weekends. They are all very reliable." A carer said, "The monitoring system works. We are contacted by the office if there are ever any issues with timing and they can let the people we care for know if we are going to be late because of traffic or some other issue."

The manager said that the level and qualification of staff appointed to support people was arranged according to the needs of people using the service. If extra support was needed to support people whose condition changed, additional staff cover was arranged. A person said, "There are enough staff and when my condition changed a different carer was sent who is a specialist."

People who use the service could access support in an emergency. People had access to an appointed carer who could escalate a concern to a manager if needs be. One person said, "I can access the office quickly in an emergency. It's all in my service guide. Just this morning the office sent a carer to return to my home because I had an issue. They are brilliant."

We saw that people's care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people's

homes relating to health and safety and the environment. It was noted that these were reviewed on a weekly basis by senior staff. We saw that when the person's needs had changed their care plan had always been updated. This meant that information about people's needs was updated and the care provided remained appropriate and safe.

People were supported, where required, to take their medicines as prescribed by health care professionals. The manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted to take medicines and some people required support from staff to apply creams. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We also saw body maps identifying areas to apply creams and medicine administration records (MAR) completed by staff confirming that people had taken their medicines. Some people said staff reminded them to take their medicines and some people said staff helped them to apply creams and take their medicines. One person told us, "I do all my own medication but staff help me with my creams every day." A member of staff told us they had recently received training on administering medicines. They said, "I follow the advice exactly and I always complete the medicines charts and these are audited regularly by the management."

# Is the service effective?

## Our findings

A person using the service said, "The staff know what they are doing. I am confident in their abilities." A relative said, "They write everything in the book and are really good. They are supportive to me as well and are a great help." The manager told us that the office attempted to pair people with the most appropriate carer in terms of age and experience. A person said, "I asked for a certain carer when I was discharged from hospital and the office always do their best to send them."

Staff told us they received training to meet people's needs. Carers told us about recent medicines training and described how this had supported them to care for people. Other staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. All staff had to complete a nationally recognised care qualification as part of their induction and before they were allowed to care for people. All staff had completed mandatory training which included first aid, moving and handling and food hygiene. New staff participated in an induction process which included classroom learning, shadowing an experienced member of staff and reading people's care plans. We saw that training records were up to date and included reminders for staff to complete refresher courses. The manager told us that the provider supported staff to attain high level national qualifications in social care and this was confirmed when we spoke with staff.

Staff explained how they had received supervision from their manager and we saw records that showed that staff received regular supervision and appraisals from the registered manager and clinical leads. One said, "There's lots of training including refreshers. At least every month. The training is excellent. I had my appraisal and could raise issues with the manager." All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in a daily log kept in the person's home. It was clear from speaking with staff that they understood people's care and support needs and that they knew them well.

The manager told us that most of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005 and associated Code of Practice.

Where people required support around their home we saw that staff were effective in providing that support and observed staff assisting people at meal times and with mobility aids. Speaking about staff, one relative said, "They are good with things in the home and I've seen them helping on all manner of things."

People's nutritional needs were met. One person said, "They always make sure I have food and drink before they leave". It was noted that people's care plans included details of their food I always encourage people to drink water and take the hot drinks I make. I know that this is really important."

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "Staff cook meals and sometimes warm stuff up in the oven. They always make sure that I have stuff to eat and drink." Another said, "The staff make me my breakfast every morning and see to other requirements during the day."

People had access to health care professionals when they needed them. One person's relative told us, "The carers are really good and supportive. My relative is bed bound now and they regularly get other people involved to help such as the GP. Only yesterday they got the GP out to see to her as they had a concern about something."

We received feedback from healthcare professionals about the skills and knowledge of the staff. One health professional told us, "The carers understand people's needs and support them in a professional manner." Another said, "They follow the care plan and get us involved if there is a requirement."

## Is the service caring?

### Our findings

People we contacted and their relatives commented that the care provided was good. One person said, "They know me really well and have time to listen and talk to me." One relative said, "When my relative was first diagnosed they spent time listening to concerns and reassuring. They are lovely and caring."

People were treated with dignity and respect. One relative said, "The staff are always respectful. They close the door and pull the blind down. Her dignity is never compromised." People we spoke with said that staff protected their privacy and dignity. One relative said, "They absolutely respect my relative's dignity and privacy. They even close the bathroom door when I'm around."

Staff said they knew people's preferences. One carer told us that they listened to people and gave them choices. A relative said, "They are very calm and understanding. My relative gets confused and upset now but they always treat her well and include her in decisions around the home. They are marvellous." Another relative said, "The staff do things how she wants them done. The carer suggests different meals and she looks forward to them coming every day."

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw at the office and in people's homes. People said they had been consulted about their care and support needs. One person said, "They quickly established my needs. I was involved every step of the way." Another person said, "They are great. I was fully involved in my care plan and the regular update that there has been." A relative said, "I'm fully involved with my relative's care as she is really confused now and I am happy with the service."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw and the manager confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had been sent to assist a person who had recently been discharged from hospital and was getting used to a new piece of equipment. The person said, "They helped me with this new device and I can't praise them enough."

Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks.

During the inspection we saw that staff treated people with care and offered appropriate levels of support. There was a good relationship between staff and the people they cared for and a good level of respect and dignity. One person said, "They are all really respectful and kind. They never let me down and I regard them as my friends and part of the family really."

Staff said they made sure information about people that was not being used in day to day care was kept at the office so that confidentiality was maintained. We saw that all historic personal documentation including

care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

We saw there were arrangements in place for people to be involved in making decisions about their end of life care. People and, where appropriate, relatives had been consulted and had expressed their views that were clearly recorded on the records.

# Is the service responsive?

## Our findings

People told us they received care that met their own individual needs. One person who used the service said, "They do things that I want and always spend extra time with me." Another said, "They concentrate on what I want them to and are always receptive to what I say." A relative said, "My relative is very happy. She is in a confused state but they are patient and really make her feel special and involved."

Each person had been involved in an assessment of their individual needs and had a care plan in place. These assessments covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence. Assessments also included their personal history, diet, hobbies and interests and religious needs. We looked at the care files of 11 people using the service. These were well organised and easy to follow. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives, where appropriate, had been fully consulted about their needs. Care plans were kept in people's homes for easy staff reference.

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people. We saw that on one occasion, staff had identified a person's issue with a specialist piece of equipment. The person involved said, "They managed to get answers and action on the issue when neither I or my relative could. I have nothing but praise for them."

The manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. Staff told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. For example, one member of staff said, "I am an experienced carer and recently transferred to the service. I had to have specific training before I was allowed to deal with one of our clients and after that my competency was checked by the manager." A relative of a person who used the service said, "The office always sends the carers who have the training to deal with my relative. A special procedure is required in caring for him and we are pleased that the carers they send know what they are doing."

Health care professionals told us that the service was responsive to people's needs and they felt they would always try to accommodate them and clients. One said, "We do joint assessments at the start of the service to make sure the placement is right." Another described the service as having a complete approach to care and included other agencies in supporting people and concluded by saying, "The service is very good. It has a wealth of experience and expertise behind it and deals with people properly." Another said, "They follow instructions and contact us appropriately."

People said they knew about the complaints procedure and they would tell staff if they were not happy or if they needed to make a complaint. One person said, "They encourage me to tell them if something is wrong and I am confident in doing this and that the service will respond." The manager showed us a complaints

file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

We saw that copies of the service's complaint's procedure were sent out to people when people started using the service. People and their relatives said they knew about the complaints procedure and would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The service had received one complaint since starting. The records we saw supported that complaint was answered in a timely fashion and was responded to in a clear and appropriately detailed way. The complaints file included a forms for recording and responding to complaints. A relative said, "I have no need to complain but I know who to speak to if I had." Another said, "My relative is in good hands but if I had a concern, I wouldn't hesitate to contact the office and I am sure that action would be taken and we'd be taken seriously."

## Is the service well-led?

### Our findings

The provider and manager told us that they did recognise the importance of regularly monitoring the quality of the service provided to people. The manager showed us records of audits and spot checks including observations by the manager and deputy of staff in the workplace. These checks also included training needs of staff and care and support plan checks. A person using the service said, "They regularly check on and supervise staff and contact me to see how things are going." A member of staff said, "We are all checked for competency and there are regular meetings to ensure that the support and care we are providing is right."

The provider took into account the views of people using the service and staff through the conduct of surveys. It was noted that there was good participation in the surveys. People using the service were contacted by mail and by phone. The manager showed us completed service user feedback forms and these included positive comments. One person said, "We are very happy and thank you for allowing us to have our say in the survey."

The manager told us that concerns and changing needs of people were discussed at fortnightly team meetings and measures were put in place to review people's needs in addition to the needs of staff. In minutes from a recent meeting it was seen that carers were free to talk about issues relating to the care of people and we noted that senior carers and the manager provided guidance and practical advice. We saw records of unannounced spot checks on care staff to make sure they turned up on time and supported people in line with their care plans. The agency used an electronic telephone monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw senior staff monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

Staff said that the manager did listen to their feedback especially in relation to caring issues related to people who use the service. A member of staff said, "We have regular meetings with the managers. I am not concerned about raising any sort of issue and am encouraged to do so." The provider took on board carers' comments and it was seen that following a recent meeting the provider chased up a person's care documentation from a former provider following feedback from the member of staff.

A member of staff said, "The training is excellent and we are all really well supported. If I ever have a problem I know who to speak to and never feel it's a trouble. I really enjoy working here. It's a brilliant service." A health care professional said, "There is an effective and solid structure on which carers can rely and on our observations the service seems really well led."