

S and T Care Ltd

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Inspection report

First Floor, Unit A4
Telford Road
Bicester
OX26 4LD

Tel: 07395572320

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

S and T Care Limited, referred to as S and T Care in this report, are a new domiciliary care agency registered to provide personal care to people living in their own homes. The service operates in Bicester and surrounding areas. On the day of the inspection 8 people were supported by the service.

People's experience of using this service:

The service provided safe support to people. People told us they felt safe with staff. People received their medicines as needed. Risks to people's well-being as well as their environments were assessed and recorded. People were supported to meet their nutritional needs and access health services.

The service was caring, and people praised the caring nature of the staff. People were involved in the support they received, and their dignity and confidentiality were respected. People were supported to have choice and control of their lives and staff respected their rights to make own decisions.

People's needs were assessed prior to the commencement of the service. People's care plans were detailed and current. People knew how to raise concerns but told us they never needed to. Staff were suitably skilled to carry out their roles effectively.

The service was well-led by the registered manager who was supported by a team of staff. People praised how the service was run. The provider monitored the quality of the service and was in a process of embedding improved systems to do so. Feedback from staff and people was sought and acted on.

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

Rating at last inspection:

The service was registered with us on 28 March 2019 and this was their first inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in detailed findings below.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

S and T Care Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

S and T Care Limited are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 11 March 2020. We gave the provider 48 hours' notice of the inspection visit because we needed to be sure the management team would be in the office.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. We did not ask the registered 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

A day before the office visit we contacted three people to obtain their feedback.

During the inspection:

We looked at records, which included two people's care and samples of medicines records. We checked

recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, one of directors, office staff and a care worker.

After the inspection

We contacted three external professionals to gather their views about the service.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider followed appropriate safeguarding processes and we saw referrals had been made to the local safeguarding teams when required.
- People confirmed they were safe with the staff. One person said, "All is very well!"
- Staff knew how to report any safeguarding concerns. One member of staff said, "I'd report to the management and record everything". Staff knew they could report externally to outside agencies.

Using medicines safely

- Only three people received support with taking their medicines. One person said, "They do give me my medication well, I do feel better since I've been with them."
- There were records available to show people had their medicines as required.
- Staff received training in medicines management.

Assessing risk, safety monitoring and management

- Risks to people's individual conditions had been assessed and recorded. For example, risks around mobility or skin integrity. There was a guidance for staff how to manage these risks.
- Staff knew people's needs well and were able to notice any changes to people's wellbeing.
- The registered manager had a system to record accidents, but none had occurred.
- The risks surrounding people's living environment had been assessed prior to commencement of the service.

Staffing and recruitment

- Feedback from people confirmed they had consistency of care. Comments included, "Continuity is there, they said I would see the same person all the time" and "Punctual and reliable. Oh yes, we got to know each other."
- Staff said they were allocated to see the same people which allowed to build trusting relationships. Staff used electronic system to log in and out which was monitored by the office staff.
- The provider followed safe recruitment practices to ensure staff were suitable to work with people.

Preventing and controlling infection

- Staff knew how to prevent infection spreading and there were policies in place to follow.
- Staff had received training in infection control, used and had access to protective personal equipment (PPE).

Learning lessons when things go wrong

- The team reflected on where things could be improved. For example, following a concern around the way rotas were implemented the provider invested in an electronic system for scheduling.

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.

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

- The registered manager ensured assessments of people's needs had been carried out prior to commencement of the service. People were included in this process. One person said, "I have had a meeting with them, and daughter as well, to discuss what was needed."
- Assessments took account of current guidance. This included information relating to data protection legislation and standards relating to people's communication needs.

Staff support: induction, training, skills and experience

- People felt staff were well trained and professional. One person said, "They do their job well."
- Staff received ongoing training relevant to their roles. Where staff required training specific to people's needs, such as support with pressure hosiery this was in place.
- Staff told us they were well supported in their roles. Comments from staff included, "Really good support" and "Training made me really confident."

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

- People's care plans reflected where any support was needed around meals.
- People told us staff supported them as needed. One person said, "She gets my breakfast, and anything else I want!"
- The team were aware of the current guidance in relation to soft foods textures.

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

- Staff supported them in accessing health services when they needed. One person said, "They help me with everything I need."
- The team worked well with a number of health professionals as required. An external professional said, "They contact me when unsure of any issues."

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.

We checked whether the service was working within the principles of the MCA.

- People's choices were respected. One person confirmed, "They respect my wishes".
- Staff knew the principles of the MCA. One staff member said, "Always encourage people to make own choices."
- The registered manager was aware about the requirements of the MCA Code of Practice in terms of what record were required if people were to be assessed as lacking capacity to make certain decisions.

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.

Respecting and promoting people's privacy, dignity and independence

- People's feedback confirmed people's dignity was respected at all times. People praised the staff. Comments included, "I could not fault them" and "Lovely staff. Absolutely great service."
- Staff appreciated how important it was to promote people's independence. One staff member said, "I believe in promoting independence, if a person is for example able to brush their teeth, I'd encourage them to do so."
- The provider ensured people's confidentiality was protected. People's records were kept secure and where staff used electronic records they all had own logins and passwords.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the caring nature of staff. Comments from people included, "They are very caring" and "Carer is always cheerful, chatty."
- Staff said the caring culture came from the management. One staff member said, "[Registered Manager] is very selective (when appointing new staff), you need to have certain qualities to be able to do this job."
- The provider and the team were committed to respecting people's diversity and there were policies in place that set up treating everyone the same. A staff member said, "We all have experience of working with people from various background and we would respect any diversity." An external professional said, "I have observed them being sensitive to the individual and their families' needs and wishes whilst remaining professional. They respect the individuals' equality and diversity and act in a non-judgemental way when providing care."

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

- People told us staff involved them in the decisions about their care. One person said, "Yes, they respect my wishes, and I can change my mind if I want a bath or a wash."
- Staff ensured people's wishes were sought and their preferences respected. People's care plans reflected people's choices for example if people had a preference of carer's gender.
- People's relatives if relevant were involved and kept updated. One person told us how their family was the first point of contact for the office.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People told us they received care that met their needs and was flexible. Comments from people included, "Sometime more than meet my needs, (care staff) very attentive and (staff) do think quicker that what I think needs doing" and "They're very adaptable (relative) is going away and they agreed to provide daily (support) for that time."
- The care plans were clear, detailed and current. People's needs as well as the details of the support required at each visit has been documented in detail.
- The provider was in a process of implementing new templates to make people's care files more user friendly. Staff were also able to access the information about people using hand held electronic devices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ensured they worked with people where additional support to manage social isolation was of a benefit to people. For example, one person's visits had been rearranged to introduce a social visit. The person told us that as a result of having slightly longer afternoon call, focused on social aspect they felt, "Less lonely."
- People's care plans highlighted how to encourage people to maintain their important relationships, their hobbies and what was important to them.

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.

- People's communication needs were assessed and information surrounding impairments that could affect their communication, such as blindness was documented.
- Staff knew people's needs well and maintained effective communication with them.

End of life care and support

- No people received end of life care at the time of our inspection. People's end of life wishes would be discussed with people as needed and staff would work with other professionals to ensure people had pain free and dignified death.
- Staff attended people's funerals to pay their respects to people. Staff told us they were due to attend a funeral and all staff were to attend and wear a piece of clothing in the person's favourite colour.

Improving care quality in response to complaints or concerns

- Procedures on how to complain were available to people. People we spoke with said they had no complaints.
- The registered manager had a system to record complaints, but none has been received.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- The registered manager, who was a joint director of the company, together with the second director, both used to work at another service that closed down. They set up S and T Care wanting to provide 'quality over quantity' service to people. Both directors worked hands on with people and set the example to their team. The feedback from people demonstrated they successfully provided caring and personalised approach.
- People complimented the agency. One person said, "I would most definitely recommend them."
- A number of staff used to work with the directors previously, despite this being a new service, the team was well established and everyone was clear of their roles and responsibilities. Staff praised the team work and support received from the office team and each other.
- Staff worked well with other partners and external health professionals. The provider was just successfully approved and vetted by the local authority commissioning team. We had positive feedback from one of the professionals, "They have always been very approachable and have always responded to any queries or concerns quickly and efficiently. I have no concerns regarding this service and would happily recommend them to people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had systems to monitor the quality of the service. This included checks of various records and practical spot checks.
- There were further plans to further formalise the structure of the quality assurance systems as the provider identified some needed better recording.
- In addition, the registered provider sourced an external consultancy firm to provide a new set of corporate policies and templates. They were in a process of personalising and implementing these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured they maintained good communication with people and their relatives.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of this and we saw an example of when this had been done.

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

- There were various opportunities for people to provide feedback and the management team regularly visited people and gathered people's views.
- The provider used satisfaction surveys. The responses to the last survey were being analysed. We saw samples of questionnaires and only positive responses has been received.
- The provider used spot checks to also obtain the comments about satisfaction levels from people. People were very complimentary about the service. Comments included, "More than happy with them. We knew as soon as I met them it will be a good" and "I couldn't be without them."