Saints Care Agency Ltd

Saint Care Agency

Inspection report

274-276 Loughborough Road
Leicester
Leicestershire
LE4 5LH

Tel: 0780817837
Website: www.saintscareltd.co.uk

Date of inspection visit:
16 August 2018
03 September 2018

Date of publication:
12 October 2018

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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care and support to adults with a range of needs.

This inspection took place on 16 August and 3 September 2018 and was announced. The first day we visited the office and looked at paperwork. The second day we called and spoke with people who used the service and staff.

At our last inspection in 5 December 2017 we rated the service overall as 'Requires Improvement'. Improvements were needed in the information in care plans and the embedding of periodic audits. At this inspection the service had improved, we found evidence to support the rating of Good.

A registered manager is 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 not protected by safe recruitment process which failed to ensure staff were suitable to work in care services, though improvements were made before the inspection was completed. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed, and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.

People were involved in their care as far as possible and care plans were regularly reviewed and updated as people's needs changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences, and worked flexibly to ensure they were responsive.

People's relatives were happy with staff who provided their relations personal care needs and all had developed positive trusting relationships.

People and their relatives were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.

The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong, and improvements made to prevent it happening again. The provider worked in partnership with other agencies to meet people's needs and people's health and well-being was continuously monitored at 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?

Requires Improvement

The service was not consistently safe.

Staff recruitment was not performed consistently and did not ensure staff were safe to work with people.

People felt safe at the service. Risks associated with the delivery of people's care and support had been adequately assessed and planned for.

There were sufficient numbers of trained and skilled staff working at the service.

Medicines were safely administered, and people were protected from the risk of infection.

Incidents were being responded to, to ensure people's safety.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and had plans of care that were updated as their needs changed.

People and their relatives had information on how to make complaints.

People were supported to plan and make choices about their care at their end of life.

Is the service well-led?

Good

The service was well-led.

There was a visible and compassionate leadership at the service, with a clear vision to provide good quality care.

Systems were in place to monitor the quality of care and support people received and care plans and risk assessments were regularly updated.

People and staff were engaged to suggest changes and improvements to the service.

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 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.

The inspection visit was carried out by one inspector and took place on 16 August and 3 September 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that a manager would be in to help us. On the first day we visited the care office and on the second day spoke with people's relatives whose relations used the service.

Before the inspection, we asked the provider to complete 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. This was returned to us by the provider and used to inform our judgement.

We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us.

During the inspection we spoke with three relatives of people who used the service. We spoke with three staff who provided care and support to people, a care coordinator, the registered manager and the provider.

We looked at the care records of three people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at three staff recruitment files and staff training records. We looked at records related to how the quality of the service was monitored. We also had some documents sent to us following the inspection. These included quality audits and checks, minutes of meetings, and feedback provided by people who used the service and their families.

Requires Improvement

Is the service safe?

Our findings

We found staff recruitment processes did not protect people from being cared for by unsuitable staff. Staff files contained most of the required evidence that confirmed the necessary employment checks had been carried out prior to staff commencing work at the service. However, of the three staff files that we looked at there was only one reference which validated the person's previous employment history. None of the other five references were in place in the staff files. That meant we could not be assured the registered manager had safeguarded people and the staff employed were suitable to work with vulnerable people.

The registered manager said they had not ensured all the documents were in the files, and that a sheet would be drawn up to indicate when documents had been applied for and received. This was sent promptly following the first day of the inspection.

Checks included information from the Disclosure and Barring Service (DBS) and other proof of identification. The staff team confirmed that these checks were carried out before they commenced their employment.

People's relatives we spoke with were happy with the consistency of the visiting domiciliary care staff and the timing of the visits. One relative said, "We see the same faces which helps [named] accept the care they receive."

We spoke with the registered manager about the consistency of visiting staff. They told us there had to be changes of staff, some at the last minute due to unplanned emergencies. Other changes were necessary to reflect where people's care packages were increased, reduced and sometimes stopped. That resulted in changes to staff rotas, but these were kept to a minimum to try and provide consistent care staff to visit people.

Staff were employed in sufficient numbers to meet people's diverse and cultural needs. Some people's relatives told us staff were late, and they were not always informed beforehand by the office. The relative said, "Occasionally they [staff] can be late, I've had to ring, and they had somebody here within five minutes."

We spoke with staff who told us that consistency of care staff was very important to people. This made them feel safe and secure and we saw that this was something the service worked towards.

We spoke to the registered manager about the staff numbers. They said they had a full complement of staff, and that they completed some calls as well. They also added that staff travelling by bus could be delayed as public transport was not reliable.

We noted when we spoke with staff the registered manager had paid for a taxi to ensure the member of staff could complete a call that was not originally allocated to them. That demonstrates the company views staff visit times as important and rearranged visits appropriately.

The staff team were trained to recognise, and understood their responsibilities in relation protecting people from the risk of abuse. A staff member said, "We were given access to policies, procedures and other documents when I started my training."

People's relatives when asked confirmed they felt their relations were safe and well cared for. One relative said, "100% without a doubt." A second person said, "Yes – they are very helpful and trustworthy."

There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems in place for recording and reporting safeguarding concerns. The registered manager had taken appropriate action when any allegations of abuse had been made or identified and had a good understanding of their responsibilities in this area.

Staff were trained in whistleblowing. A staff member said, "The policy confirms where you can report concerns to." The Whistleblowing legislation protects staff who feel safeguarding information has not been reported to the appropriate authorities, and staff then report this onto the appropriate investigating body such as social care services or the police.

Assessments had been completed prior to people using the service which identified any potential risks associated with the delivery of their care and support. The written risk assessments provided staff with information about the risks people faced and how to reduce them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Risk assessments were regularly reviewed when people's needs had changed which ensured their safety and well-being.

Care plans provided detailed information and guidance about how people should be supported. Staff had been trained in moving and handling people and their practices had been checked before staff were able to support people. Staff had also received training in managing behaviours which may have challenged others, to protect both themselves and people using the service.

Staff were trained to administer medicines safely. Staff were prompted to make a record when they encouraged or gave people their medicines. One relative told us, "They [staff] are so efficient, some of [person's name] medicines were missed as [staff member] was out." The relative then ensured the medicines were provided and added [staff member] always makes family aware if medicines were given or not."

Medicines records were checked regularly by management staff to ensure people were getting their prescribed medicines. Medicine stock was checked and storage arrangements for people's medicines was monitored to ensure that the medicines were safe to be given.

People's relatives told us they felt safe with the care provided and staff who supported them.
People were protected from the risk of transferred infections. People told us that staff protected them from the risk of infection. Relatives confirmed that carers always wore their gloves and aprons when carrying out tasks. However, one person said that staff did not always wear their uniform, and one staff member wore a t-shirt. We spoke with the registered manager about this and they said staff were provided with polo-shirts but would remind them that personal clothing was not appropriate.

Staff confirmed they had received training in infection control procedures and had a plentiful supply of protective clothing such as disposable gloves, aprons, shoe covers and antibacterial hand gels. Training

records we viewed confirmed this. The registered manager told us that they worked with staff in the delivery of care which meant they were able to check that staff followed the correct procedures.

Incidents which took place at people's homes were recorded by staff and investigated by the management team. We saw that action was taken to ensure people were safe. Incidents were monitored by the management team to identify any trends so that action could be taken to prevent any re-occurrences. The registered manager told us that any lessons learnt from incidents were shared with the staff team at the regular Monday meetings or as memos sent out with pay slips to ensure people remained safe.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them commencing with the service. Assessments were undertaken by the registered manager prior to the care package commencing. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People where they were able, were included in the assessment process, though where they were unable to do so, with permission, their relatives were included in the process.

Staff had received adequate training to support people safely and effectively. When we asked people's relatives if they felt the staff that visited were trained to meet their relations needs, one relative said, "Yes, they have had completed basic training but with [named] its more experience [getting to know their routine]."

Some people using the service could, at times, display behaviours which may have been challenging for staff to manage. The service delivered training to staff in this area where needed. One relative said to us, "They [staff] seem to be unflappable, as they are able to deal with an awkward old [person's name]."

Staff we spoke with felt that they received enough training to support people safely. One staff member told us, "We were given [access to] policies, procedures and other documents when I started my training."

Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance. Staff confirmed they completed induction training when employed initially which had equipped them to carry out their role.

The staff team said they felt supported by the registered manager and others in the management team. They received regular supervisions and annual appraisals. Supervision is one way to develop consistent staff practice and ensure training is personalised for each member of staffs' needs. A member of staff said, "We can have a chat anytime. I usually speak with [registered manager] at the Monday meetings."

The registered manager explained that staff were encouraged to visit on a Monday of each week where they would complete administration tasks and could share any experiences about people's care. That demonstrated the service was effective in developing staff.

People were supported to have enough to eat, drink and to stay healthy. Where staff provided meals, these were to compliment the meals families provided meal provision. Relatives confirmed that people were happy with the meals staff produced.

Staff who provided meals for people understood the importance of a balanced and healthy diet and access to adequate fluids. Any special dietary requirements and support required such as portion size, allergies or food intolerances were documented within care plans.

People were supported to live healthier lives and were supported to attend regular health checks and medical appointments, though these were usually arranged by peoples' relatives. Where required people's well-being was monitored by staff and records were kept by staff to ensure they remained healthy. For example, three people had the fluid input and output and another person their food recorded. This was requested by health colleagues to enable more detailed monitoring of health conditions.

Staff told us there was information in the care plan which provided the process to go through to ensure the person's health remained good and the procedure they were required to take if they were concerned about them.

Staff ensured that people's home environment was suitable and safe and any risks associated with this was documented in people's care records. Equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence. For example, when necessary staff were instructed to remind people to wear their pendant alarms, to ensure they could call someone in an emergency.

Peoples consent to care and treatment was sought in line with current legislation. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection.

We checked whether the service was working with the MCA principles. Assessments took account of people's capacity and their consent had been sought about their care and support. One person's relative told us, "They [staff] are always communicating with (person named) and confirming it's ok to do what they need to do."

We saw that some mental capacity assessments had been carried out and that best interest decisions had been made and documented as required. The registered manager and staff team understood their responsibility in relation to the MCA and staff had received training in this area of care. Staff we spoke with described obtaining people's consent when offering support to them, told us they offered people choices and respected their decisions.

We saw information was in place and people would have access to advocacy services should they be required. Currently all people using the service had family members that acted on their behalf. We saw details of advocacy services which the registered manager told us they would access should this be required.

Good

Is the service caring?

Our findings

People's relatives told us the staff team were kind, caring and treated them with respect. Nobody we spoke with raised any concerns about the staff team and described them delivering care to meet people's individual needs and preferences. When we asked people's relatives if staff were kind and patient one relative said, "Sometimes [person named] is variable and a bit moody, they [staff] are very patient with [them]." A second relative said, "Most definitely." People's relatives told us they and their relations had developed positive relationships with the staff group.

People were included and enabled to make decisions about their care and these were documented and reviewed regularly. When people were unable to make decisions for themselves, these were made in their best interests following the correct processes and in consultation with the person's relative or representative. The registered manager had a good understanding when people may have needed additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Currently no one required that type of support.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices. One relative said, "They respect [named] and I at all times." A second relative said, "Staff are always polite and respectful." However, one person said some staff were not good at leaving their home tidy after a visit. We spoke to the registered manager who said they would remind the staff about ensuring areas were tidy before leaving the person's home.

Staff were able to describe people's needs, preferences and interests, which showed they understood people well, and had been supplied with the information prior to care commencing. Care plans were detailed with information about the peoples wishes and preferences, their life history and included their preferred means of communication. This helped staff ensure they had the information to support people's individual needs and choices.

People were treated with dignity and their privacy was respected. Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using well placed towels to preserve people's dignity. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner.

People using the service were provided with a 'service user guide'. This provided information about the service. This clearly described the aims and values of the service which centred around respect, trust and a person-centred approach to care. The registered manager said staff go through the document with people and their relatives when they commence the service and one copy is left in the property.

The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider, is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process. The registered manager added the agency had moved toward electronic care plans and recording system, and

explained how this information was secured when the office was unmanned.

Good

Is the service responsive?

Our findings

At our inspection in December 2017 we found there had been an overall improvement from the inspection in February 2017, with regards to the information people's care plans. However, we had identified that further improvements were needed to ensure records provided staff with the information they needed to provide personalised care.

At this inspection we saw the improvements had been embedded and care plans provided staff with information on how to care for the person on an individualised basis.

Information gathered prior to the service commencing had been used to develop detailed and personalised care plans. Care plans detailed achievable goals which people agreed to, and recognised this was to maintain their independence. Care plans were regularly reviewed and updated in response to people's changing needs. This showed the registered manager was responsive in reviewing the care plans to reflect the people's needs.

A relative told us that on one occasion they required an extra call due to a personal care emergency. Two staff came out immediately and made the person comfortable. A second relative said, "The manager goes out of her way to ensure (person's name) has all the care they need." This showed the registered manager and staff provided a responsive service.

Records showed that for each call there was a set routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

People's relatives were enthusiastic about the support provided by Saint Care Agency. One relative was complimentary about the service provided. Their relation had a service from Saint Care Agency prior to being admitted to hospital. To complete their discharge back home support had been arranged from another care provider, however the service had not commenced. The family member called the registered manager who arranged for an immediate re-commencement of the person's care.

Most people's relatives were positive about calls being on time however, some relatives said staff were late occasionally. We spoke with the registered manager about this and they said they tried to minimise any disruption of late calls, but where staff had no personal transport that complicated matters. They had attempted to get in touch with people to inform them, but this was not always possible out of hours if the office staff were engaged in supporting care staff in an emergency.

People and their relative's felt the care, nutrition and drinks provided by staff was, in line with the care plan and was responsive to their or their relations' needs. People told us they had choices when food was prepared, and drinks and snacks were left for times when there was no planned call or between calls.

Records showed most staff took a flexible and responsive approach to the people they worked with. Some people told us that staff were flexible, and if time allowed they would assist with any additional tasks, such as tidying their room, putting out the rubbish or just sitting down for a chat.

The registered manager was aware of the accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Where necessary care plans included information about people's communication needs and a plan to support the person.

People's relatives told us they were happy to raise concerns with the office staff. They told us they were aware about the complaints process. One relative said, "We've had a few issues, nothing we could say was a complaint as such." The person stated these were resolved with a telephone call to the registered manager.

People were aware of the contact details of the office and had access to a copy of the complaints procedure. The registered manager said all the people that used the service and their relatives or representatives were given a copy of this when the service commenced. They also said they were active in dealing with minor complaints before they 'got out of hand' which is demonstrated in the quote above.

People's relatives felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns. There were no formal complaints for us to review at the time of our inspection.

The management team had recorded complaints in the past and had an open and responsive approach to complaints. The registered manager told us they tried to provide a good service so people would not need to complain. They added they would use the company's complaints system to log and record the action taken to resolve any that had been made.

People were supported to have a dignified pain free death. The registered manager told us the service recently provided personal care and support for people who were terminally ill. They explained how the information sent from their healthcare colleagues was transferred into the care plan.

Good

Is the service well-led?

Our findings

At our inspection in December 2017 we found there had been an overall improvement from the inspection in February 2017. We identified that systems had been used to assess, monitor and improve the quality of the care. However, further work was necessary to embed the improvements and ensure a consistent approach to auditing files.

At this inspection, records showed that the registered manager regularly carried out a number of different audits to ensure the staff were performing their duties efficiently and safely and people were cared for safely. However, we saw there had been no audit of staff recruitment files. A check list was swiftly put into place before the inspection was completed and shared with us.

Staff had regular supervision meetings. Staff supervision can be used to advance staff knowledge, training and development with meetings between the management and staff group. That benefited people who used the service as it helped to ensure staff were well-informed and able to care and support a person effectively. The registered manager showed us the plan of supervision meetings for the staff.

The registered manager said that when staff performed caring duties, they took the opportunity to oversee all of the visit. The company had produced a form to ensure all these visits were recorded and performed the same way. Checks included the staff's time keeping, if they were wearing the proper uniform and used their personal protective equipment appropriately. They said there was also an opportunity to look at the care notes made by the staff. This meant they could directly oversee the quality of information recorded and the level of service provided.

A registered manager is in post and is responsible for the day to day running of the domiciliary care agency. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a strong and visible leadership at the service. There was a clear vision to provide good quality compassionate care and the company values were distributed to staff in the 'team handbook' when they commenced employment.

People who used the service, their relatives and staff were engaged in suggesting changes and improvements to the service. There were annual questionnaires sent to people and their relatives. The registered manager had responded to those that were not returned anonymously.

When we asked if the service could be improved one relative said, "Yes and no, some don't have cars, and sometimes they are late." A second relative said, "Occasionally they can be late, I've had to ring, and they had somebody is here within five minutes."

Staff told us the culture at the service was open and transparent and they were positive about the leadership of the service. Staff told us the registered manager and the provider were based in the office and staff could speak with them at any time. One relative told us they were provided with the registered manager's personal mobile telephone number, and if there were any problems with their relations care they could contact them at any time. One member of staff said, "We can talk to the registered manager at any time [name] really care about us all [people using the service and staff]."

Staff confirmed the registered manager was approachable and supportive and acted on suggestions made. Staff felt when they had issues they could raise them and felt they would be listened to. One member of staff said, "You can pop in [to the office] and speak with [registered manager] anytime."

Staff told us they liked working for the service and felt supported and valued by the registered manager. Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as very good.

We saw the registered manager communicated with the staff regularly. This was done through individual meetings, memos and regular staff meetings. These were all used to inform staff of changes to the service and ensured the information was provided consistently.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason. The registered manager told us where there was such an event the management staff would work from home.

The registered manager told us that they were aware of their responsibilities and circumstances under which to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law, and in a timely way.

The service worked in partnership with the local authority and healthcare to provide care for people in line with the company's policies and procedures. The registered manager indicated staff had access to specialist information and advice. For example, we found some policies referred to best practice guidance such as National Institute for Health and Care Excellence (NICE). This ensured policies and procedures used the latest guidance.

The registered manager understood their role and was aware of the legal requirement to display the rating from this inspection. The provider had displayed the rating from the previous inspection.