

Santa Monica Healthcare Group Limited

Santa Monica Healthcare Group

Inspection report

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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

Santa Monica Healthcare Group provides domiciliary services to people who require support in their home within the Newton-Le-Willows, Cheshire areas. The service covers a wide range of dependency needs including Older People, Physical Disability, Sensory Impairment and younger adults. The service operates seven days a week and has out of hours contacts.

At our last inspection 04 March 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided by staff at Santa Monica Healthcare.

The registered manager had the same good systems for recruiting staff in place from the previous inspection. Also they monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support for people in their home.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People who received support in their own homes told us they felt safe in the care of Santa Monica staff. A person who used the service said, "I feel safe knowing they are in the same block. They are so kind and caring."

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 support this practice.

Care plan information focused on a person-centred method of supporting people. In addition, information contained what support was required to maintain their independence.

People who used Santa Monica Healthcare had their support needs planned with them. People told us they had been consulted and listened to about how their care would be delivered.

During the inspection visit we spoke with people who used the agency. People told us staff were kind, respectful and attentive towards them. They said staff were caring, sensitive and patient. One person who received a service said, "They do respect this is my home. They always knock first and shout who they are."

People who used the service knew how to complain and the system to go through should they need to. No complaints had been received however the registered manager was aware of how to respond to any concerns.

The service used a variety of methods to assess and monitor the quality of the service. These included, spot checks in people's homes, satisfaction surveys and care reviews. People supported by the agency confirmed they had regular contact from the management team to ensure they were satisfied with the service.

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.

Further information is in the 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Santa Monica Healthcare Group

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 comprehensive inspection visit took place on 07 November 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

Santa Monica Healthcare Group provides domiciliary services to people who require support in their home within the Newton-Le-Willows, Cheshire areas. The service covers a wide range of dependency needs including, older people, physical disability, sensory impairment and younger adults. The service operates seven days a week and has out of hours contacts.

The inspection team consisted of an adult social care inspector.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning departments who used the service. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about Santa Monica Healthcare. They included four people supported by the service, three support workers and the nominated individual for Santa Monica Healthcare. In addition we spoke with the registered manager and the care co-ordinator.

During our visit to the office premises we looked at the care records of two people, recruitment records, the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and records looked at confirmed this. Staff understood their responsibility to report any concerns they may observe to keep people safe.

We found completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. Where potential risks had been identified action taken by the registered manager had been recorded.

People who received support in their own homes told us they felt safe in the care of Santa Monica staff. A person who used the service said, "I feel safe knowing they are in the same block. They are so kind and caring."

We looked at how accidents and incidents were managed by the registered manager. There had been few accidents/incidents however, where they occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents.

We looked at medication records in people's homes. We found people's medicines continued to be managed safely. People who self-medicated signed documentation they would be responsible for their own medication needs. Staff who administered medication did so at the correct time they should and had received appropriate training. This was confirmed by people we spoke with. One person who received a service said, "Always on time with my medicine, never had they failed to do so." Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe administration of medicines.

The registered manager had the same good systems for recruiting staff in place from the previous inspection. Also they monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support for people in their home. People supported in the community by the service received information informing them the time of their visits and staff who would be supporting them. One person who received a service said, "I know when they are coming and we have a good relationship. They generally stick to the same people which is good."

Staff had received infection control training and had been provided with appropriate personal protective clothing such as disposable gloves and aprons. One staff member said, "Never a shortage of aprons or gloves they are readily available." This meant staff and people they supported were protected from the risk of infection when delivering personal care for people.

Is the service effective?

Our findings

We found evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People received effective support from staff at Santa Monica Healthcare because they were supported by trained staff who had a good understanding of their needs. Comments from people who used the service confirmed this. For example one person said, "A great service and they know what they are doing."

We looked at training records, spoke with people and care staff about competency and access to training courses for staff. One staff member said, "The best place I have worked for as far as training is concerned. They will support me to do training I want to." Training records showed a number of courses had been attended by staff and regular training was ongoing. For example courses included, safeguarding, medication and infection control.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and support had been recorded on people's care records by the person. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. However, the registered manager was aware of (DoLS) and processes to go through should it be required.

Care records contained an assessment of their needs before care staff commenced their visits in people's homes. This ensured the service had information about support needs of people and they were able to confirm these could be met. Following the assessment, the registered manager in consultation with the person to be supported or family member had produced a plan of care for staff to follow. One person who used the agency said, "We talked and went through things at the start."

The management team at Santa Monica shared information with other professionals about people's needs on a need to know basis. For example, when people visited healthcare services staff assisting with the visit provided information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs.

We looked at what arrangements the management team had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read picture format or large print reading.

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded if

this was required.

Is the service caring?

Our findings

Without exception, everyone we spoke with confirmed staff treated them with kindness and as individuals and provided care and support that met their needs and choices. One person who used the service said, "A very good service they look after me very well." The registered manager checked and documented people's cultural, religious, gender and social requirements and assessed these against the agreed packages of care.

People supported by the service told us they were treated with respect and dignity by caring staff. Comments received included, "They do respect my home." Also, "They always knock and shout who they are before coming in."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life. Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences.

There was information available about access to advocacy services should people require their guidance and support. For people living in the community there was information details for people and their families if this was needed. This ensured their interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans. They were centred around the person and detailed what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting the home. One person said, "I am very independent and they help me keep that way."

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People were supported to live an independent life and Santa Monica Healthcare staff supported people to do that. Comments received confirmed this, they included, "The staff are wonderful and focus what is best for me." Another said, "I like the company and social interaction. I have used them for years and they are all very good."

Care records included an assessment of people's physical, emotional and social support needs. These covered, for instance, medication, mobility, wellbeing, medical history and personal care. The focus of care planning was upon maintaining people's independence through assessment of their skills and ability to self-care. Care records were person centred and provided as much information about the person as possible to aid staff build relationships and get to know the person better.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. No complaints had been received since the last inspection. People supported by the service told us they knew how to make a complaint if they needed to. One person said, "I know how to make a complaint but never had to."

The service is a small domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service at present does not support people with end of life care.

Is the service well-led?

Our findings

People supported by Santa Monica told us they were confident in the way the registered manager operated the service. For example one person said, "The office is contactable and close by in the same building where I live." Another person said, "The manager is very good always checking I am alright and staff are doing the job right."

There was a registered manager in place. 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.

Although this was a small agency there was a management structure throughout the service and people knew their responsibilities and the registered manager. The registered manager and senior staff were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a good service. This was confirmed by staff and people who used the service we spoke with.

The management team held regular staff meetings that were minuted. We found by talking with staff these were consistent and useful. One staff member said, "We have staff meetings and it is useful to get together and pass on opinions." Staff told us the team worked well together and regularly discussed how to improve Santa Monica Healthcare Group so that people continued to receive a good service.

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. Both staff and 'client' surveys were completed twice a year. People were asked a number of questions. These included asking if their carers were punctual, were good communicators, friendly and helpful and if they were respectful and provided dignified care. Survey results were analysed and any negative feedback would be addressed by the registered manager. The results from their August 2018 survey were positive with over 99% positive responses. They included from staff, 'Well managed service'. Also, 'Training is well above anywhere else.' In addition another person, 'All is perfect very happy with service.' Also, 'Very happy with all the staff team,

Regular audits had been completed as part of quality monitoring. These included reviewing the services medication procedures, care plans and spot checks in people's homes. These were completed weekly and monthly. This showed the service was being monitored and improvements made where necessary.

As part of their quality assurance systems the management team carried out spot checks whilst staff were undertaking their visits supporting people. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services,

healthcare professionals including General Practitioners, occupational therapists' and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.