Signet Healthcare Limited

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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

Signet Healthcare Limited provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. At the time of our inspection 30 people were receiving personal care in their homes.

The service had a registered manager. 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.

When we last visited the service on 7 and 12 September 2016 the service was rated as 'Requires Improvement', and we identified four breaches related to staffing, safe care and treatment, recruitment and good governance respectively.

Therefore, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Safe', 'Effective' and 'Well-Led' to at least good. At this inspection we found action had been taken to make improvements.

The service had made improvements to ensure people were safe. There were systems and processes in place to support care workers to understand their role and responsibilities to protect people from avoidable harm. Where safeguarding concerns had been identified there were records to confirm the service had taken appropriate action.

Risks to people were minimised because there were effective systems and processes in place. The risk assessment contained detailed information for supporting care workers on how to protect people.

Staffing had improved since the last inspection. The service had filled many of the staff vacancies and there was an ongoing recruitment drive. Pre-employment checks had been carried out to make sure new care workers were of good character. As a result, there were sufficient numbers of suitable care workers to support people to stay safe.

There was a process in place to monitor any accidents and incidents. Guidelines were in place for care workers on how to report accidents and incidents. Learning derived from incidents was documented and discussed with staff.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were systems in place to ensure proper and safe use of medicines. Care workers had been trained and assessed as competent to support people to take their medicines.

Care workers understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the service provided care to them. Care workers were aware of the need to assess people's capacity to make specific decisions.

People's health needs were met. They had their needs assessed across a wide range of areas. Care plans included details about how needs in these areas were met.

There was a comprehensive training system in place. Care workers received an induction before they could provide care to people. They also underwent a 12-month probationary period, which was followed by regular training and support.

Care workers had regular supervisions with their line managers. They also received spot checks to monitor their performance when caring for people. Those who had been at the service for longer than 12 months had also received an appraisal.

People were supported to have sufficient amounts to eat and drink. Their care plans contained detailed information about food and drink. Care workers monitored people's weight and sought professional guidance when required.

Care workers respected people's privacy. There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety.

Care workers had built good relationships with people. The service matched care workers to meet people's preferences, which meant, care workers were able to build meaningful relationships with people.

Care workers supported people to maintain their independence. They knew each person's ability to undertake tasks related to their daily living. Care plans encouraged care workers to take time to support people to participate as fully as they could.

Individual communication needs were assessed and met. People's communication methods were clearly recorded in their care plans.

People were involved in their care. Care plans reflected people's needs, likes and dislikes and had been reviewed on a regular basis to ensure they remained up to date.

There was a complaints procedure which people and their relatives knew about. People were provided with a service user guide that gave details of the process for reporting a complaint. People told us they were aware they could call the office or speak with care workers if they had any concerns.

There was an overall improvement in the governance arrangements. There were systems to assess, monitor and improve the quality of the service provided.

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.

The service had made improvements to ensure people were safe. Risks to people were minimised because there were effective systems and processes in place.

Staffing had improved since the last inspection. The service had filled many of the staff vacancies. Pre-employment checks had been carried out to make sure new care workers were of good character.

There was a process in place to monitor any accidents and incidents. Guidelines were in place for care workers on how to report accidents and incidents.

There were systems in place to ensure proper and safe use of medicines. Care workers had been trained and assessed as competent to support people to take their medicines.

Is the service effective?

Good

The service was effective.

Care workers understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the service provided care to them.

People's health needs were met. Care plans included details about how people's needs were met.

There was a comprehensive training system in place. Care workers received an induction before they could provide care to people. This was followed by regular training and support.

Care workers received regular supervisions and appraisals. They also received spot checks to monitor their performance when caring for people.

People were supported to have sufficient amounts to eat and drink. Their care plans contained detailed information about food and drink.

Is the service caring?

Good

The service was caring.

The service had policies and procedures which took into account people's human rights and helped to prevent discrimination.

Care workers respected people's privacy. There were arrangements for gaining access to people's homes, whilst maintaining privacy.

Care workers supported people to maintain their independence. Care plans encouraged care workers to take time to support people to participate as fully as they could.

Is the service responsive?

Good

The service was responsive.

People were involved in their care. Care plans reflected their needs, likes and dislikes and had been reviewed on a regular basis.

The service recognised the importance of providing information to people in an accessible format, tailored to their needs.

There was a complaints procedure which people and their relatives knew about. People told us they were aware they could call the office or speak with care workers if they had any concerns.

Is the service well-led?

Good

The service was good.

There was a registered manager who provided strong leadership and effective management of the service. She had led improvements since our last inspection.

There was an overall improvement in the governance arrangements. There were systems to assess, monitor and improve the quality of the service provided.

People and staff all told us they felt the service was well-led.

Signet Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave 48 hours' notice to be sure the management would be in the office and available to assist the inspection.

This inspection took place on 31 January 2018, and was undertaken by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke with five people using the service and two relatives to obtain feedback about their experiences of the service. We spoke with the registered manager, two service directors and six care workers. We examined six people's care records. We also looked at personnel records of seven care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run. We then requested further specific information about care records from the registered manager following our visit.

Good

Is the service safe?

Our findings

At our inspection in September 2016 we found the service was not safe and we rated the provider as 'Requires Improvement' in this key question. We found risks to people's health and safety were not safely managed. At this inspection we found improvements had been made.

We asked people if they felt safe in the care of staff. Comments received included, "I have not had any reason to be concerned "and "I feel safe and happy with staff visiting my home." This was confirmed by a relative who told us, "I do not have any reason to be worried. My relative is safe."

We looked at how the service protected people from bullying, harassment, avoidable harm or abuse that could breach their human rights either within the service or in the community. We saw the service had a 'zero tolerance of bullying and harassment policy' in place for both staff and people receiving care. The policy was communicated to people in a variety of formats. We identified there were systems and processes in place to support care workers to understand their role and responsibilities to protect people from avoidable harm. Care workers had received training on how to identify abuse and were knowledgeable about the actions required to protect people from abuse. They were aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information. One care worker told us, "I am aware of the safeguarding policy if I have any concerns." Another care worker said, "I have never had any concerns about my client but I know what to do if there was cause for concerns." There was evidence where safeguarding concerns had been identified the registered manager had taken appropriate action.

Risks to people were minimised because there were effective systems and processes in place. People's care plans contained risk assessment in areas such as moving and handling, medicines, nutrition and environmental safety. Risk assessments detailed information about how to support people to make sure risks were minimised. For example, we reviewed a care plan of a person at risk of developing pressure ulcers. Their risk assessment contained detailed information for care workers on how to protect pressure areas. This included repositioning schedules, skin care, nutrition, correct moving and handling techniques, recording and referral to a tissue viability nurse where necessary. The same level of detail was consistent in all the care plans we looked at. People's risk assessments had been kept under review to ensure risks to their safety and wellbeing were monitored and managed appropriately.

The Care Quality Commission (CQC) has no regulatory powers or duties to inspect people's own homes. However registered providers have responsibilities in relation to the environments people who use their service live in. We looked at how the service ensured people were supported in a safe environment. We saw that care workers carried out regular checks on the environment in order to remove or reduce risks to people in their own homes. Environmental risk assessments had been carried out. The registered manager was aware that they could contact landlords or alert local authorities if any maintenance work was required.

Care staff had been recruited safely. Their personnel records showed pre-employment checks had been carried out to make sure new care workers were of good character to work with people. Checks included, at

least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.

There were sufficient numbers of suitable care workers to support people to stay safe and to meet their needs. The registered manager explained to us their system and process for coordinating calls. The service had invested in a new electronic system for monitoring of calls and alerting management should care staff not attend a visit. This helped to ensure the management team had oversight of calls and could respond to any concerns immediately. Staffing rosters confirmed there was sufficient cover for people. People were satisfied with care workers whom they described as reliable and consistent. One person told us, "We have received the same staff and we got to know them." Another person told us, "I have used the service for many years and staff have been fantastic. They are always on time." This feedback was similar to all people spoken with.

There was a process in place to monitor any accidents and incidents. There were guidelines for care workers on how to report accidents and incidents, which they confirmed they were aware of. The registered manager explained all accidents were logged centrally to ensure management oversight over any emerging trends. There was evidence accidents were discussed in staff and management meetings to identify any trends and to ensure appropriate action had been taken. Two accidents had been recorded since our last inspection in September 2016. Learning derived from both incidents had been documented and discussed in the supervision of care workers involved and in staff meetings.

We also saw people were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers told us they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported people. People told us care workers supported them to keep their homes clean and tidy. One person told us, "Staff know what to do. They help with personal care and cleaning of the room." Another person said, "Staff always make sure the house is clean and tidy before they leave."

There were systems in place to ensure proper and safe use of medicines. Care workers had received medicines training so that they were competent to administer medicines. They confirmed they had been trained and assessed as competent to support people to take their medicines. There was a medicines policy which provided clear advice in line with national guidance from the National Institute for Clinical Excellence (NICE). People told us their medicines were safely managed. One person told us, "I take my medicines as prescribed. Staff prompt me to do this." Another person told us, "I take my own medicines but at times staff remind me." There were no unexplained gaps in medicines records. They were completed accurately to show people had taken their prescribed medicines at the right time.

Good

Is the service effective?

Our findings

Our inspection in September 2016 found the registered provider was not meeting the regulations in regards to supporting people to make decisions about their lives and staff training. At this inspection we found that improvements had been made.

The service was working in accordance with the Mental Capacity Act 2005 (MCA).The Act 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 people lack mental capacity to take particular decisions, any decisions 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes are through Court of Protection orders.

Staff had received training in relation to protecting people's rights. Care workers were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved relatives and professionals to make sure decisions made were in people's best interests. People's care plans contained assessments of people's capacity to make certain decisions. These included the capacity of people to consent to care and support. The registered manager was knowledgeable about the process for making applications through the Court of Protection. She told us if a need arose they would request the placing authority to complete an assessment and make an application for a deprivation of liberty authorisation through the court of protection.

Care plans were signed by people and showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support. The service obtained signed agreement from people or those with legal authority to provide the service. People were informed of the need to store their personal information on the service's computerized system and there was a procedure that required people's signature or verbal consent before they could be registered on the electronic monitoring system. We asked people if they were involved in decisions about their care and if care workers asked permission before carrying out any care. Their comments included, "We are involved in reviews about my care" and "Staff ask me before any changes are made to my care." A relative told us, "I am invited to take part in any care reviews of my [loved one]."

There was a good training system in place. Care workers received an induction before they could provide care and support to people. The induction followed the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care'. In addition to this, new staff shadowed experienced members of staff until they felt confident to provide care on their own. This meant they could be prepared before they carried out a visit on their own. They also underwent a 12-month probationary period, where their work was assessed and reviewed before they could be allowed to work unsupervised. Care workers had regular supervisions with

their line managers. They also received spot checks to monitor their performance when caring for people. Care workers who had been at the service for longer than 12 months also received an annual appraisal.

Care workers received regular training and support so they could carry out their roles effectively. They had received training in areas such as infection control and food safety awareness, medication handling, health and safety awareness, basic first aid, end of life awareness, dementia awareness, dignity and respect, equality and diversity, moving and handling, and safeguarding. Care workers had also received training specifically tailored to the needs of people receiving support. This included, suctioning and tracheostomy, PEG Feeding (a feeding tube used to provide nutrition to people who cannot obtain nutrition by mouth) and blood glucose monitoring and awareness. This is because the service recognised people's unique needs and worked to ensure care workers could support each person effectively. A care worker told us, "Training here is good. We receive regular training and we are given refresher training." Another care worker told us, "I was given a shadowing opportunity when I first started work."

People were supported to have sufficient amounts to eat and drink. People's care plans contained detailed information about food and drink. For example, one person told us, "Staff support me to do my shopping list. They always remind me to choose healthy food." Another person told us, "Staff always make sure my drinks are within reach before they leave." We also looked at what the service had put in place to address people's religious needs to ensure people were not eating food that is against their religion. People's care plans reflected people's preferences in relation to religion and care workers were aware of this. Care workers had completed relevant training. The registered manager told us, "The service was committed to meeting the diverse needs of people using the service."

People's health needs were met. They had their needs assessed across a wide range of areas, including personal care, domestic and shopping support, food and meal preparation and medicines administration. Care plans included details about how needs in these areas were met. This included working with other health care services to ensure people's needs were met. People told us staff accompanied them or arranged visits to hospitals and appointments with GPs. There was evidence care workers monitored people's weight and held conversations with people and sought professional guidance when required. This enabled the person's relative and relevant persons to monitor their well-being.

Good

Is the service caring?

Our findings

We asked people whether they thought care workers were caring and we received positive responses from everyone we spoke with. One person told us, "Staff are caring." Another person told us, "I always have a laugh with the staff member who attends to me." A third person told us, "Staff are always courteous. They always ask me if I am okay."

People told us that care workers respected their privacy. Care workers were mindful of the fact they were visiting people in their homes and not just a place of work. There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. People told us care workers rang doorbells or knocked on doors before entering their homes. In some instances care workers obtained keys to some people's homes if people preferred not to answer their door bell. One person told us, "Staff always ring the bell." Another person told us, "Staff respect my privacy."

Care workers had built good relationships with people. The registered manager told us about how this had come about. The care records contained people's profiles and recorded key information about their care, including people's hobbies, interests, gender, culture and language, which ensured care workers were knowledgeable about people's preferences. This meant care workers were able to build relationships with people that were meaningful and based on shared understanding. For example, we saw the service matched care workers to meet people's preferences in terms of gender and language. People's comments confirmed they had good relationships with their care workers. They were all complimentary about the attitude of their care workers.

Care workers supported people to maintain their independence. People's care records contained information about their choices and independence. Care workers knew each person's ability to undertake tasks related to their daily living. Care plans encouraged care workers to take time to support people to participate as fully as they could. For example, one care plan instructed care workers to 'Always ask if [the person receiving care] needs assistance with personal care. The person is capable of doing their own personal care', and in so doing the service promoted this person's independence. One person told us, "Staff encourage me to do things independently." Feedback from other people was equally positive.

Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS).The AIS aims to ensure that those with a disability receive accessible health and social care information. There was a policy in place. The registered manager told us, "To ensure equal opportunity for all client groups we look at different ways for our clients to access information and how to communicate with us." The service had a variety of ways to send weekly rotas to people such as by post, email and text. Large print was available for those who needed it. We also saw the service's new website was translated in a number of different languages. People's methods of communication were clearly noted on care plans, as necessary. They enabled staff to communicate with people in the way they needed to and noted how people should be provided with information about the service and their care.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "Staff are aware of my needs. I have never had any issues." Another person told us, "I am happy with the care that I receive." A third person told us, "Staff always follow my plan of care." Relatives we spoke with were also complimentary. One relative told us, "Staff attending to support my relative are aware of their needs." Another relative said, "Staff know what they do. They have never let us down." We also spoke with care workers and they demonstrated they knew people well and were able to describe to us how people liked to be supported.

People received person centred care. There were examples of good equality practice and good care. People were involved in their care. They told us care workers encouraged them to express how they wanted their care to be provided. We received consistent feedback from people about the quality of care. Care plans reflected people's needs and had been reviewed on a regular basis to ensure they remained up to date. Care plans contained information about people's likes, dislikes and their preferences for how care and support were provided. For example, one person required assistance from two care workers for all transfers, and we saw the mobility needs of this person had been carefully assessed and recorded in their individual care plan which contained detailed guidelines for care workers to follow.

Care plans were being regularly reviewed to ensure they accurately reflected people's changing needs and wishes. Each care file contained a 'care review form', which was completed quarterly or as required. The service was required to comment on a number of issues including: any changes in medical conditions, if the number and duration of calls had changed since the last review, if new risk assessments were required, if the person remained eligible for the service and if care plan needed revising. We noted that where action was required, the service had taken necessary steps. For example, the service had alerted relevant services in response to changes in people's needs. This person centred approach was evident in the other care plans we looked at.

Care workers and management understood the importance of promoting equality and diversity. The service had taken steps to meet people's cultural needs by ensuring there were care workers available that was able to speak their first language. She told us, "We try to match carers and clients who have language and culture in common." This was confirmed by people we spoke with. One person told us, "I speak the same language as my carer. I find this helpful." Care workers were given a hospital pictorial communication booklet to communicate with people with communication difficulties such as those living with dementia and other speech impediments.

The service had a complaints procedure which people and their relatives told us they knew about. People were provided with a service user guide that gave details of the process for reporting a complaint. People and their relatives told us when they had raised issues these had been responded to helpfully. One person told us, "I have never needed to complaint but I am aware that I can speak to staff or the manager." People told us they were aware they could call the office or speak with care workers if they had any concerns. They felt they would be listened to if they needed to complain or raise concerns. The registered manager told us

no complaints had been received since our last inspection. The registered manager told us that complaints, like incidents were discussed in staff or management meetings, for analysis and to share learning.

Good

Is the service well-led?

Our findings

People and relatives thought the service was well-led. One person told us, "The manager is very good. She is available to us when we need her." Another person said, "The manager is fantastic. She has contacted me to check if everything is well." Relatives were as complimentary. A relative told us, "The service is good. We are happy."

When we last inspected the service in September 2016, we found the provider was not meeting legal requirements in relation to monitoring and mitigating risks relating to the health and safety of people. Following that inspection, the provider sent us an action plan which detailed how they planned to make improvements in this area. During this inspection, we checked what improvements the provider had made and found they were meeting legal requirements.

We spent some time speaking with the registered manager, and the two directors about the various aspects of the service. We found them to be well-informed about people's needs. In particular, the registered manager could tell us knowledgeably about the support people were receiving. She was equally familiar with important operational aspects of the service. There was a clear management structure in place and care workers were aware of how various roles and responsibilities were delegated. This ensured there was clarity around reporting relationships that governed business activity.

Care workers told us they enjoyed working for the service citing a good level of support from their managers. The service promoted an open culture by encouraging staff and people to raise any issues of concern. Staff meetings were inclusive. We saw contributions and knowledge of staff were drawn upon regardless of position in the organisation. The meetings were a two-way process and staff felt confident to raise issues. Care workers gave an account of the benefits resulting from regular meetings, including being kept informed of what was going on. A care worker told us, "I am aware of things happening. We are kept informed." Another said, "I find the meetings useful. Our views are listened to."

There were regular checks to the care that people received. There was evidence quality checks were carried out on a number of areas including, care records, medicines management, staff practice, staff training and development, health and safety checks and accidents and incidents. There was a service plan to make improvements when needed. For instance, following our last inspection the service had made improvements in a number of areas which included, updating risk assessments, improving monitoring systems, recruitment and staff induction.

As part of the quality assurance process, people were visited or had their care reviewed at regular intervals-quarterly and biannually. This process was supported by a range of systems, including spot checks, paper surveys, telephone surveys, and service reviews. Feedback from recent surveys was largely positive. People told us members of the management visited to check on them and acted on any matters raised. People also confirmed occasional telephone calls as a route for their feedback. One person told us, "We are contacted on a regular basis to provide feedback on the service." Another person said, "Our views are taken on board. I have asked for things to be done in a [certain way] and that has been taken on board."

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 GPs, psychologists and district nurses.