

Signature Care Services Limited

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Inspection report

Unit 16/17, Cygnet Business Centre
Worcester Road
Hanley Swan
Worcestershire
WR8 0EA
Tel: 01684 311231
Website: www.signaturecareservices.co.uk

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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	

Overall summary

This inspection took place on 23 December 2014 and was announced.

Signature Care provides personal care for people in their own home. There were seven people using the service when we inspected and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. People

Summary of findings

had their individual risks looked at and had plans in place to manage them. There were enough staff employed to meet people's needs and call times as requested. People had looked after their own medicines; however staff would help when skin creams had been required.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were supported to prepare their meals and to make healthcare appointments as required to meet their needs.

People received care from staff that who knew them. People felt the care they had received met their needs. They were also supported in maintaining their dignity and encouraged to be involved in their care needs where able.

The registered manager was accessible and approachable. People and staff felt able to speak with the management team and provide feedback on the service. The management team had kept their knowledgeable current and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff that had up to date information about people's needs. Information in the care records were consistently followed. People had been able to make their own decisions.

People told us that they enjoyed the meals that were made for them and it was what they wanted. Staff had contacted other health professionals when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People were happy that they received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences, whilst maintained their dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were in place that showed people's care and support needs. Staff also knew about people's interests, personal histories and preferences.

People who used the service and felt the staff and registered manager were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well-led.

Staff were supported by the register manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



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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 inspection took place on 23 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service by telephone. We spoke with three care staff and the provider. We sent questionnaires to people, their families and staff to ask for their views. Six people and three staff responded and the findings have been included in the report.

We looked at three records about people's care, daily notes, charts about people's medicines, staff training records, meeting minutes and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People told us they felt safe with the staff coming into their home and providing care. One person said, “I feel 100% safe”. Another person said, “Yes, absolutely I feel safe”.

Staff told us they would report any concerns to the office staff and felt assured these would be dealt with. One staff member said, “If I had a safeguarding issue I would raise it no problem”. Another told us, “No issue with raising it with [provider] or any of the others (staff). Therefore people were supported by staff who knew what to do if they suspected abuse.

People’s risks had been assessed when they started receiving care from the provider. These risks had been reviewed regularly and were recorded in the care plans. Staff told us they followed the guidance to make sure they provided care with the least amount of risk.

The provider had also assessed the risks for staff working in people’s home. For example, how to leave person’s home when the call had finished. One person said, “They treat my home with respect and don’t leave a cup out and will put everything away”. Staff were aware of how to carry out care and support to ensure people’s individual and environmental risks had been considered.

People told us they knew which staff member to expect and that they arrived on time. One person said, “They [staff] more or less come on time. If there is an issue, they call and explain”. Another person said, “They always stay their full time”.

Staff told us at times they felt having more staff would make their working day easier. The provider told us they had difficulty in recruiting staff due to their rural location. However, staff felt their commitment to their work kept people safe and no missed calls had been recorded in the last six months. The provider and registered manager were also trained to provide care to people and this had supported the staff team.

The provider told us that all people who used the service looked after their own medicines. This was confirmed when we spoke with people. People’s records provided information for staff so they were aware of people’s medicines and possible side effects to look for. For example, one person’s medicines may have made them drowsy. People told us and records showed that creams required to maintain people’s skin conditions had been used.

Is the service effective?

Our findings

People told us staff knew the care they needed and one person said, “Everything is taken care of”. Another person said, “They’re quite capable of dealing with my condition”.

Staff told us they felt confident to deliver care that matched people’s needs and their training helped them to do this. One staff member said, “I attended quite a few courses and they asked me about other courses”. Another staff member said, “Training is brilliant. You begin with a bit and then it build up”. Staff told us they had been supported when they started work for the service and that, “Induction was very good” and the “[Registered manager] goes out and introduces you (to people) when you first start”.

They also told us they were supported in their role with regular meetings and supervisions. One member of staff said, “Supervisions do take place regularly” and told us, “It’s a two way conversation and they are very good”. The staff felt valued and said, “They remind me of some of the good work I’ve done”. Another said, “We also have regular chats once a month to check there are no problems”.

People had been able to consent to their care and treatment and supported in developing their care plans. One person said, “They take it upon themselves to see what I need”. Records showed the person’s needs and wishes had been included. For example, the amount of personal care and the level of assistance needed.

We spoke with staff who were clear that people had a choice when delivering personal care and support. One member of staff said, “We (staff) have all got so much patience, nothing is too much trouble”. The provider knew all people using the service were able to make choices and said, “We involve them in all aspects of their care choices. They all (people) tell us what they want”.

People we spoke with who received support with their meals told us that staff were able to make meals they enjoyed. One person said, “They always get me something to eat”. Staff we spoke with were aware of people’s nutritional needs and personal likes and dislikes. Records showed staff what to make, what to prepare for later in the day and their preferences. For example the drinks and favourite meals they enjoyed.

People told us they felt supported in looking after their health and the agency responded well to any changes. One person said, “They’re quite capable of dealing with my condition as I can be unwell from one minute to the next”.

Records showed that people had been supported by the provider and registered manager to have access to other professionals in support of the healthcare needs. For example, speaking with a district nurse, GP and hospital when a person returned home to ensure any additional needs could be met.

Is the service caring?

Our findings

All of the people we spoke with told us that they felt the staff were caring and considerate. One person said, “They’re all (staff) lovely”. Another person said they were provided with “Excellent care”.

All staff spoke in a caring way about the people they supported. They were able to tell us about people’s preferences, current needs and their histories. One member of staff said, “I have lovely service users who treat me like their family”.

People told us that they felt involved in the care they received. One person said, “Tasks are carried out as I would expect”. People had been able to make decisions and were listened to by staff. One person said, “They do it (care) we with real compassion. Another person told us, “They’re very good and pleasant”.

Staff told us they involved people in their day to day care choices and promoted their independence. One staff member said, “Listening is important, we follow their

wishes”. We saw that care plans detailed how to help people to maintain their independence and the day to day difficulties that may arise. For example, how a person may feel on the day, how their medicine or health condition may affect them.

We spoke with the provider about how they involved people in decisions and took account of their views. They told us that care plans were developed with the person and reviewed every six months or sooner if there were changes. The provider agreed that further details of people’s preferences during personal care should be included within the care plans. This would demonstrate that people’s individual needs had been considered.

People were supported in maintaining their dignity and respect. One person said, “The carers are absolutely wonderful. They treat me with dignity”. Staff were able to tell us about how they made sure they maintained people’s dignity and respect. When speaking with people one person said, “Staff are caring. They have empathy which is the most important thing”.

Is the service responsive?

Our findings

All people we spoke with said they received the care they wanted. Everyone that used the service said they were involved in making decisions about their care and support needs. One person said, “I can’t fault them in anyway”. People also told us the care agency involved people that were important in their lives when talking about their care needs. For example, their partner or children who they felt could support and advise them in the care plans. Records showed that people’s comment on staffing choice had been agreed. For example, one person had requested one member of staff not to provide their care.

People commented on how staff were happy to chat and spend time with them. One person said, “I enjoy seeing them”. Another person said, “[registered manager] also pops in every month to see how you’re getting on”. Records showed that staff were ‘to provide company as well as support’ when on a visit. Staff felt they had a positive relationship with people and told us they were able to talk and engage with them as they knew their life stories and current interests.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff to raise issue or concerns. One person said, “If I had any concerns I would get in touch with the office”. Another person said, “I’ve never had a reason to complain but definitely feel that I could”.

No complaints had been recorded in the last 12 months. However, we saw from records that where an issue or concern had been raised the provider had investigated and responded. Action taken had looked at how the information could be used to improve the service and prevent the incident from happening again. For example, providing staff with further training or support.

Processes were in place to investigate and respond to people’s concerns and complaints. These were dealt with at the service level in the first instance and the provider had a corporate complaints procedure, should the need arose or complaints to be escalated. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood people's care needs. All people were confident in the way the service was managed and knew the registered manager, provider and staff. People's comments included, "Yes, wonderful agency I'm very happy with the service they provide" and "I have used them for five years and would certainly recommend them".

People told us they had been asked for their views about their care and had completed questionnaires. The overall results of the service showed that people had been 'very satisfied' with the care and treatment with no areas requiring improvement. We spoke with the provider about the values of the service. They felt they offered a "personal service" to people and as a smaller agency had the time to get to know people and for people to get to know them. The provider told us they liked to "Iron out any queries or worries in real time" and took all concerns seriously.

The registered manager was on annual leave when we inspected. The provider had ensured that people and staff knew that they would support them during this period. All staff we spoke with told us that the registered manager and provider were approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "I wouldn't have worked there for five years if I wasn't happy. I really enjoy it". Another staff member said, "I have no concerns whatsoever. I love working here".

The provider felt that all staff worked well as a team and that they were supported by the registered manager. The provider and the registered manager were in the process of

completing a foundation degree in dementia. They told us the information they gained would be passed on to staff so they felt confident about providing care for people in people's homes that may have a dementia related illness.

The registered manager had checked and reviewed the service provided. They had reviewed the care notes that staff had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked that two staff had attended when needed and all tasks had been completed. They told us if required they would contact the local authority for review of the care package. We saw that one person's health had improved as staff had worked well with the district nurse in supporting the person.

The registered manager undertook unannounced spot checks to review the quality of the service provided. Staff were then observed to see the standard of care they provided. Staff told us they had been observed at a person's home to ensure they provided care in line with people's needs and satisfaction. They also provided this information to the provider so their actions could be looked at and reviewed.

In the PIR the provider stated, 'We have built up over a number of years an excellent working relationship with our local District Nurses and other Health Care professionals and this has enabled them to approach us, and us to approach them at any time should we or they need guidance or advice to do with our service users'. Records showed that advice had been sought from other professionals to ensure they provided good quality care. For example, we saw that they had worked with advice and guidance from district nurses and GP's.