

St Christopher's Home Care 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 11 April 2017.

St Christopher's Home care Limited is a domiciliary care agency which is registered to provide personal care to people who live in their own homes. They were offering a service to six older people on the day of the visit.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

There is a registered manager running the service. 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.

The service was safe, improvements had been made since the last inspection. The service made sure, that as far as possible, staff were recruited safely and were suitable to work with the people. All gaps in work history were explored and recorded. Staff understood how to protect people and followed the relevant procedures to keep people as safe as they could. General risks and risks to individuals were identified and action was taken to reduce them. People were supported to take their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. People's health and well-being needs were met by staff who were well trained and responded to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's health and well-being needs. 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 service continued to be caring and was outstandingly responsive. The staff team were committed and provided exceptionally flexible care with kindness and respect. Care staff were knowledgeable and highly responsive to the needs of individuals. Highly individualised care planning ensured people's equality and diversity was respected.

The registered manager worked with the small staff team and people and staff told us she was accessible and approachable. The quality of care the service provided was assessed and reviewed regularly and improved, as necessary.

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.

Only staff, who had been checked and were suitable and safe to work with the people in the service, had been employed.

Staff knew how to keep people safe.

They had been trained so they knew what to do if they thought people were not being protected from abuse.

Risks to people's health and safety were identified and any necessary action was taken to make sure they were reduced.

People were supported to take their medicine safely by appropriately trained and competent staff.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Outstanding ☆

The service was exceptionally flexible and responsive.

People were supported with care that met their needs and fulfilled their wishes.

People's care needs were regularly looked at and their care plans were changed as frequently as necessary, ensuring their current needs were being met.

People had complete control over their care package.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and people were confident any issues they raised would be addressed and rectified.

Is the service well-led?

Good 

The service continues to be well-led.

St Christopher's Home Care 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.

This inspection was unannounced and took place on 11 April 2017. It was completed by one inspector.

Before the inspection the provider sent us an information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the six people who use the service. This included support plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed a care worker supporting three people in their homes. We spoke with three people who use the service, two (of three) staff members and the registered manager. We requested information from other professionals and received two responses which did not include any negative information.

Is the service safe?

Our findings

At the inspection of 30 July 2014 the provider did not always carry out robust recruitment processes. Gaps in employment history were not always fully explored or clearly recorded in recruitment files. It is the legal responsibility of the provider to obtain a full employment history to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. At this inspection we found that action had been taken to ensure that full employment histories were obtained. Any gaps in work history were fully explained and recorded. Recruitment files were well kept and accurate and included all necessary information about the staff member. No new staff had been recruited in the last 12 months. The provider's recruitment processes were robust and designed to reduce the risk of people being offered care by unsafe or unsuitable staff.

People told us they felt they were given safe care by staff. They said they had no concerns or worries when care staff were in their home. One person said, "They are totally trustworthy." Another said, "I feel safe and comfortable with them in my home. I feel safe whatever the carer is doing, even when they are using the (hoist type) equipment."

People remained as safe as possible from all forms of abuse. Staff continued to receive regular training in safeguarding adults and gave excellent answers when asked how they would deal with specific safeguarding concerns. These answers clearly demonstrated their commitment to protecting the people in their care and their understanding of how and when to use the provider's whistle blowing policy. There had been no safeguarding issues since the last inspection in July 2014. We did not receive any information from other professionals with regard to any concerns about the service.

Any risks to people, staff and visitors to the service continued to be appropriately assessed. People were kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures which had been up-dated in December 2016. People and staff remained protected by generic health and safety and individual risk assessments such as moving and handling, falling and skin breakdown. These guided staff on how to offer care in the safest way possible. General risk assessments included areas such as pets in the home, lighting and infectious diseases. A business continuity plan informed staff what action to take in emergencies and crises such as adverse weather conditions. There had been no accidents or incidents reported in the last 12 months.

People continued to be supported with their medicines (as described in plans of care) safely by staff who were trained to follow the medication administration processes and procedures. Medicines training was provided annually as was staff's competence to administer medicines. The service followed guidelines on administering medicines in people's homes developed by a nationally recognised organisation.

The service continued to regularly assess people's needs and ensured staff had enough time to meet those needs and keep people safe. Staff told us they had plenty of time to carry out practical tasks and ensure people's safety.

Is the service effective?

Our findings

The service remained effective. People received highly individualised care from a small staff team who had the skills, knowledge and understanding needed to carry out their roles. Support plans included appropriate information to ensure staff knew how to meet people's individual identified needs.

People continued to be effectively supported to meet their health and well-being needs, as specified on individual plans of care. People told us care staff contacted GPs and other professionals if they needed help or felt unwell. People told us they were involved in their assessments and in all care planning. They, their legal representative or permitted relative signed to say they agreed with the content of the care plan. The service followed health 'pathways' for health issues such as diabetes. These were documents which informed staff of what to look for and what action to take under specific circumstances. These supported to staff to ensure people's health was being adequately monitored.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA. Staff understood and had been trained in the MCA and were able to describe what action they would take if people's capacity appeared to be deteriorating. People who used the service were not deprived of their liberty or restricted in any way but best interests meetings were held and detailed records were kept, as necessary. People continued to be encouraged and supported to make decisions and choices for themselves. People who used the service were able to make decisions and choices relating to their day to day care that the service provided.

People were supported with meal preparation, dependant on their assessed need. Staff prepared whatever they were asked to but offered advice on diet and nutrition, as appropriate. The service sought the advice of dietitians and other medical professionals, as necessary. However, people controlled their own food intake and chose whether to accept advice from the carers and other professionals or not.

People's needs continued to be met by an exceptionally well trained and knowledgeable staff team. The staff who worked in the community were senior staff members and had attained at least an equivalent of a national Vocational qualification at level 3. Staff had access to regular training to further develop the skills and knowledge they needed to meet people's changing needs. A mandatory set of training topics and specific training was provided by the residential care home where staff were based. They completed shifts in the care home as well as the community. This ensured community care staff were up-to-date with all training and supported them to meet people's individual diverse needs. Further training such as end of life care, person centred care and domiciliary care workshops were provided.

People were offered care by a staff team who continued to feel they were well supported by the registered manager and management team. Staff met, formally, with their supervisor every three to four months and completed an annual appraisal. However, because they were a small team they met together or spoke on an almost daily basis. These discussions were sometimes recorded as 'supervisions'.

Is the service caring?

Our findings

People continued to be supported by a caring and committed staff team. One person told us, "They are excellent carers. They treat me with the greatest respect. They are brilliant they go over and above. They do what they're supposed to plus, plus. I have just the three staff and they're wonderful." Another said, "The carers are lovely, very, very good. They treat us very, very well." A further comment was, "They are a great help to us, and I can't think we could get better care."

People continued to be treated with the greatest respect and their privacy and dignity was promoted. Care staff had a positive rapport with people, communicating with them in a way they responded to. We observed care staff using humour and appropriate physical touch to re-assure and cheer people up. We observed a staff member using skilled distraction techniques to improve the mood of a person.

People continued to receive care from a small staff team who had built strong relationships with them and were very knowledgeable about their individual needs and personalities. People were very comfortable with staff and appeared to be very happy to see them. For example they greeted them with smiles and in some cases physical contact. One person told us, "I really enjoy their visits and them coming to help."

People and care staff communicated very positively with each other, exchanging information about their well-being and future plans. Daily notes were of good quality and described people's well-being as well as tasks completed.

People were given information about the service such as recruitment procedures and services offered. People were encouraged to give their views of the service in various ways. The management team completed 'spot checks' on care staff and people were asked their views of the care. People told us they could always talk to any of the care staff and they would listen to them.

Care staff were trained in end of life care and provided it, as required.

Staff continued to understand people's rights to confidentiality. Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to.

Is the service responsive?

Our findings

The service was exceptionally responsive to people's current and changing needs. The registered manager told us that there were no plans to extend the service as its main objective was to provide individuals with a flexible service that could respond quickly to changing needs. She told us they would not provide a service for any more than ten people at one time or the ability of the service to operate as responsively as they wished to may be compromised.

People who used the service were privately funded as the service did not provide short visits which might not give care staff the time to provide the holistic care the person may require. However, if people only wanted a short visit on the day staff responded to this and people were only charged for the time they were given. This meant that people could obtain care when it was convenient for them and did not impinge on their chosen lifestyle. They felt comfortable to ask staff to leave if they were tired or had visitors or for other personal reasons. Additionally they could add time onto other visits if they wanted to do a specific activity or wanted additional help. The unusual staffing arrangements specifically supported this flexible approach. Care staff provided additional staffing in the residential homes (run by the same provider) if they were not fully utilised for their community work.

People gave examples of care staff's outstanding responsiveness. An example was when a staff member went to the local shop especially to buy them a specific item they had forgotten to order with their shopping. Because the individual wasn't well and really wanted the item they walked to the shop, bought the item and returned with it in their own time, without payment. One person said, "They are really the most responsive and caring carers. I have had other agencies and they simply don't compare." Another example was that whilst people did not require care, staff visited them in a temporary address and in hospital to ensure they continued with their relationship. They were not paid for these visits but when care was resumed staff knew what people had experienced and were able to respond to their changed needs/circumstances. People told us they were very pleased care staff had, "kept in touch". They said it had been much easier for them to accept new and more intimate kinds of care without embarrassment. They explained that this was because they felt care staff had shared and were knowledgeable about their experiences.

People's care was totally person centred and support plans were highly personalised. People's support plans ensured that staff were given enough information to enable them to meet specific and individualised needs. People told us the service was flexible and changed times, frequencies and durations of visits as requested. One person described how the, "Efficiency and responsiveness" of the staff team had enabled them to recover more quickly from a hospital stay. For example they efficiently worked with health professionals such as district nurses, occupational therapists and GPs. People told us staff were very good at, "Getting things done." One person told us the registered manager had worked very hard to make sure everything was in place so they had the right support to return home at the earliest opportunity. They felt they had recovered much more quickly than they would have in hospital and they were much happier at home. They also told us how they had worked very hard to help them with a health issue which was debilitating and painful. They said they were now pain free and their health had improved at least 50% because of the good care they were given. They told us staff responded quickly to any unexpected or

unidentified needs when they first returned from hospital and throughout their care and their care plan changed frequently, as their needs changed. For example staff visited more often if they were poorly or in need of additional care, less often when they began to feel stronger and at differing times and for longer or shorter periods of time. People told us the service responded to whatever they were asked and sometimes suggested adding or detracting from the care plan in response to the individual's daily needs.

On several occasions the service had visited people in hospital and supported them in their desire to return home as quickly as possible. They did this by being flexible about the timing, frequency and duration of calls, taking into account the needs of all the people living in the home and organising support from other professionals. In some cases supporting people to return home from hospital resulted in families being re-united and regaining as much of their independence, as possible.

Other outstanding pieces of work included supporting someone to return home from a residential care home for their end of life care. They continued to provide support so the person could fulfil their end of life wishes. Care staff were creative about trying to keep people motivated and involved in the community. They took people to social events such as carol concerts and invited people to social events in a local care. The service did not make any charge for this as they saw it as an extension of the holistic and bespoke care they were endeavouring to provide. Some people were identified, by discussions with individuals and personalised care plans, as feeling alienated and particularly lonely during the Christmas holiday period. Those people were given a Christmas gift of an extra (unpaid for) call at a time people had said they found the most difficult. This alleviated their loneliness and helped them enjoy their day.

People contacted the service and told them what care they wanted and when and how they wished it to be delivered. People, their relatives and any other relevant professionals (who people wished to be) were involved in an initial assessment of the person prior to them using the service. The assessment was completed by the registered manager or manager of the service with the person requesting care. Detailed care plans were developed with people and contained the information they wished to include and any that was vital to care being given. For example some people did not wish to include their life history or parts of the area called, "About me". Support plans were reviewed a minimum of six monthly and whenever necessary. For example we saw one person's needs had been reviewed three times in one month because their needs were changing so quickly. The reviews occurred if either the individual, family or care staff identified areas of changing needs, any problems or if people were not happy with the care being provided. People told us they could talk to any of the care staff or the registered manager to ask for changes to care plans. People told us they were in absolute control of the care they were given and were totally involved in their care planning.

People told us they knew how to make a complaint and who to complain too. However, they said they had never made a complaint because staff always listened to them and took immediate action if they expressed any concerns. People said they could talk to all the care staff and knew they could approach the registered manager, if necessary. The service recorded all concerns and had received one complaint in the previous 12 months. This was dealt with immediately and action was taken to reduce the risk of recurrence.

Exceptionally for a small service, they had received 12 compliments in the previous year. These included comments such as, "How happy me and mum are with the care received from [name of carer] and the overall care provided." "Thank staff for their care and encouragement" and one said how much more confident the individual was since the service had been assisting them.

Is the service well-led?

Our findings

People continued to receive good quality care from a staff team who were led by an effective and qualified registered manager. The manager was registered in November 2012 and held management and care qualifications. People and staff spoke highly of the registered manager. One person said, "She's very good, she works very hard for you and you can always talk to her." Staff described her as very supportive and always approachable.

The views of people, staff and other interested parties were listened to and taken into account when organising the service and providing care. The various ways of listening to people's views included formal reviews, weekly staff service meetings and daily evaluation sheets (daily notes). Additionally the views of people, their families and friends, staff and other professionals were requested via an annual questionnaire. Staff views and ideas were also collected by means such as team meetings and 1:1 meetings with the registered manager.

People benefitted from a good quality service which was monitored and assessed to make sure the care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Examples included a quality audit completed every week by a senior staff member and regular audits by the registered manager. Audits included areas such as falls, infections, accidents, documentation relating to people who use the service and training. Care staff were provided with a staff development plan and training needs record to ensure they were able to give appropriate good quality care. The service followed nationally recognised guidelines for delivering areas of care such as, "Delivering personal care and practical support to older people living in their own homes" and medicines guidelines.

People's records accurately reflected their individual needs, they were detailed and up-to-date. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and complaints were accurate and up-to-date. Records were of good quality, well-kept and easily accessible. The registered manager understood when statutory notifications had to be sent to the Care Quality Commission and they were sent in the correct timescales.