

Signa Care Group Ltd

# Signa Care Group

## Inspection report

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21 June 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Signa Care is a domiciliary care agency providing personal care to people living in the community. The service was responsible for supporting five adults with their personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

Relatives and people told us that staff did not always listen to them and talk to them appropriately and in a way they can understand. As a result, this impacted on the quality of the care received.

Safe recruitment procedures were not always followed. Full checks were not routinely conducted to ensure applicants were safe to support people in their own homes. The service failed to carry out full assessments of applicants' competence, skills and experience which were necessary for role.

The quality monitoring systems were not effective. The issues we found had not been identified via the provider's quality auditing systems. The service had systems for recording accidents and incidents, complaints and safeguarding concerns. However, the information was not analysed to identify any lessons learned to drive improvement across the service.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training. Individual and environmental risks were identified and managed. A continuity plan was in place to ensure people would continue to receive support in the event of an emergency.

The service was responsive to supporting people with end of life care. One health care professional told us how the service responded quickly to requests of support and ensured care packages were in place allowing people to be cared for in their own home.

Care plans were person centred and provided staff with detailed information on how to support people in line with their preferences.

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.

Staff told us they felt supported by the management team. People, relatives and staff were encouraged to offer feedback.

People felt able to raise concerns and there was a process in place to manage and respond to any complaints about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 31 May 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection programme.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the assessment of applicants' competence, skills and experience which are necessary for the role, safe recruitment, and governance. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Signa Care Group

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

We announced the inspection on the 9 June 2021. Inspection activity started on 14 June 2021 and ended on 23 June 2021. We visited the office location on 21 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with one person, two relatives of people who used the service and a support worker from another agency who supports a person about their experience of the care provided. We received written feedback from another relative. We looked at records relating to the management of the service. These included accident and incidents, safeguarding, recruitment and quality assurance records. We looked at three people's care and support records. We spoke with the registered manager and two members of staff. We asked several staff to answer some questions about the service via email which six staff completed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Safe recruitment processes were not always followed. References were not routinely obtained from the applicant's last employer.
- Right to work checks were not fully completed.
- The provider had misinterpreted government guidance and allowed several staff members to work above the number of hours allowed by the Home Office. We have asked the service to address this matter.

We found no evidence that people had been harmed however, the service failed to conduct complete recruitment checks. This placed people at risk of harm. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service had systems for recording accidents and incidents, complaints and safeguarding concerns. These were dealt with individually and were not evaluated across the service. This meant any lessons learnt were not implemented throughout the service. The registered manager told us this matter would be addressed.
- Risks to people were assessed and mitigated. Environmental and individual risk assessments were developed to support the person to remain safe.
- The provider had a business contingency plan in place to ensure people received care and support in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse;

- Systems and processes were in place to ensure people were safeguarded from avoidable of harm. Staff understood their responsibilities for keeping people safe and knew how to report any concerns they had.
- Staff acted on safeguarding concerns and referrals were made to the appropriate local authority safeguarding teams.

### Using medicines safely

- Staff managed people's medicines safely. Staff had completed medication awareness training.
- The service used a handheld tablet to record medicine administered, which alerted the registered manager if any doses were missed.
- Care plans clearly described people's preferred way of taking their medication.

### Preventing and controlling infection.

- People were protected from the risk of infection. Staff received training in infection control and PPE was readily available.
- The service had created a specific COVID-19 action plan, this outlined actions to take in a range of scenarios.
- The COVID-19 risk assessment for staff was generic and staff with an underlying health condition or from a black, Asian or minority ethnic background had not completed an individual risk assessment. The registered manager started to address this matter during the inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience.

- People did not always receive care and support from suitably skilled and experienced staff. Some relatives told us some staff did not have the language skills to engage in conversations or understand the requests from people regarding their care and support. The registered manager advised that the service had difficulty in recruiting. Following the inspection, they had offered an incentive to applicants to increase recruitment.
- Not all staff had adequate training. One person required a specific piece of equipment to assist with moving and handling. Staff had not received training from the provider and were reliant on being shown by another support worker from another service. No competency review had been conducted to deem them safe.

We found no evidence that people had been harmed however, the failure to carry out assessments of applicants' competence, skills and experience which are necessary for the work to be performed by them placed people at risk of harm. This is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training was up to date. Most of the training was via eLearning and was monitored by the management team. The registered manager conducted competency observations whilst staff undertook their duties.
- During the COVID-19 pandemic the registered manager conducted supervisions via telephone. Staff told us they felt fully supported by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments were carried out prior to people receiving care and these were used to capture people's support needs and ensure the appropriate level of support could be provided.
- The registered manager visited people in their homes and conducted an assessment, speaking with the person and relatives.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's assessments identified if they had capacity to make decisions about their care. Where people had been deemed not to have capacity to make such decisions best interest meetings took place.
- Care plans clearly detailed how best to support people with choices and decision-making.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported in line with their preferences. Care plans contained details about people's dietary requirement and included guidance for staff to follow.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support.

- The service worked in partnership with healthcare professionals to ensure people received care and support.
- People were supported to access external healthcare professionals. The registered manager told us staff reported changes in people's health and wellbeing.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity;

- Some people had experienced difficulties communicating with staff. Staff were not always proficient in the person's language, which led to confusion, poor care and support, and staff not able to understand a person's needs. One relative told us, "Some support workers don't understand when we ask them to do something and I worry." However, another relative told us how the service had matched up a support worker who spoke their family member's language.
- People were not always supported by a familiar staff team. One relative said, "A person turned up - I didn't know who it was."
- One relative told us how compassionate and caring one staff member was. However, they also remarked that this was the only staff member with the skills and experience to care for their relative safely.

Respecting and promoting people's privacy, dignity and independence

- People were not always satisfied with the care provided. One relative told us, "[Support worker] came into our home and never spoke one word to [family member]." One person told us they had asked for support during personal care, but the support worker didn't understand and their relative had to intervene.
- Care plans clearly outlined how to support people in a dignified manner but staff did not always apply this.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in making decisions about their care. One relative told us, "[Management team member] is excellent, they help us to adjust things to meet [person]'s changing needs."
- Care plans were created in partnership with people and their relatives. These outlined people's regular routines and how they preferred to be supported. Copies of care files were kept in people's homes and staff also had access to these electronically.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were person-centred and outlined people's preferred routines and preferences.
- Staff held regular discussions with people and their relatives about the care and support provided.

Information was adapted into care plans ensuring staff had up to date accurate information.

- Staff were responsive to people's requests. When people requested a change of staff team, the management team made efforts to accommodate this.
- The provider used an electronic handheld device, which enabled the registered manager to respond quickly to issues such as meds errors and missed calls. The service was working with the software programmers to make it fit their service better.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us information about people's care and support, and the service could be made available to people in other formats, such as easy read or large print format, as required.

Improving care quality in response to complaints or concerns.

- The service had a complaints process in place. At the time of inspection, no formal complaints had been received.
- People and relatives told us they felt able to speak with staff in the office if they wanted to raise any concerns or issues.

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The service was responsive to supporting people with end of life care. One health care professional told us, "At times we have emergency requests and Signa Care have always been direct with what they can offer, and very efficient with all of the responses to get the service for the client in swiftly."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality monitoring systems were not effective. Recruitment checks conducted failed to identify the issues we found.
- All audits completed, related to the person or to staff. Checks were not being recorded in a way to ensure information was collated and overseen across the service.
- The provider was using an electronic call system which was effective in actioning missed calls immediately. However, this data was not reviewed to identify any patterns or themes around missed or late calls. The provider had plans to adapt governance processes to look at the service as a whole.

We found no evidence that people had been harmed however, the failure to establish effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had designed an improvement plan and had introduced an incentive for applicants in an attempt to recruit more staff.
- The provider had submitted the required statutory notifications to CQC following significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were regularly asked for feedback about their care through telephone reviews and surveys. Feedback was positive.
- There was a positive staff culture at the service. Staff told us they were happy working at the service and felt supported.
- During the COVID-19 pandemic team meetings did not take place. The management team were in direct contact with staff via telephone. The registered manager told us team meetings are being reinstated in a safe way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. There had been no

incidents which required the provider to act on this duty.

Working in partnership with others

- The service worked in partnership with health and social care professionals, especially in the allocation of supporting people with end of life care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated effective systems or processes to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure full recruitment checks and assessments of applicants' competence, skills and experience which were necessary for the work to be performed by them were completed. Regulation 19(1)(a)(b).</p>