

Care Signature Christian Homecare Services

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Signature Christian Homecare Services Limited is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 27 people receiving support from this service.

Not everyone who used the service received 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

Recruitment checks were not sufficiently robust to ensure care staff were suitable to work with vulnerable people. Appropriate safety checks were not consistently in place before care staff started work.

Improvements were needed to ensure people all had a sufficiently detailed care and risk management plan in place. We found some inconsistencies which the registered manager took action to address straight away.

We received mixed feedback from people in relation to receiving regular care staff for their visits. The registered manager was in the process of taking action to address this. Staff had received an induction when they first started working at the service, and training relevant to their roles was either planned or had already been undertaken.

The provider's systems and processes were not always effective in helping to identify where improvements were required.

Care staff had received training in safeguarding people. Staff we spoke with were confident on how to report concerns. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was good (published 24 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Signature Christian Homecare Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe recruitment of care staff as well as the provider's governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Care Signature Christian Homecare Services Limited

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 Health and Social Care Act 2008.

Inspection team

This inspection was undertaken by 1 inspector and 2 Experts by Experience who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2023 and ended on 11 December 2023. We visited the location's

office on 11 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service about their experience of the care provided. We spoke with the registered manager and office staff during our inspection visit.

Following the visit, we had email or telephone correspondence with a further 14 staff members.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 6 staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service including quality assurance monitoring and the services policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Staff lacked adequate recruitment checks in line with legislation to prevent unsuitable staff working with people.
- The provider failed to ensure recruitment folders were audited prior to employment to ensure all essential checks were present and satisfactory. For example, we found Disclosure and Barring (DBS) checks completed up to 5 months after the staff member's start date. The registered manager told us care staff would not have undertaken care tasks alone during this time, however they were unable to evidence this. DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other pre-employment checks were not satisfactory across the 5 staff files we viewed. There were inconsistencies with obtaining staff references and the suitability of these. The system to ensure all necessary checks on staff were completed before being employed was not robust. The provider did not have oversight of recruitment processes to ensure fit and proper persons were employed.

Staff were not always safely recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the registered manager took action to address shortfalls in the recruitment practices.
- There were systems in place to monitor time keeping, ensure staff attended calls on time and stayed for the duration of the call. However, we noted multiple care calls with visits that were shorter than planned and commissioned. For example, a person had a care call for 16 minutes when the planned call was 30 minutes. Another person received a 15-minute care call when it was planned for 30 minutes. There was a lack of monitoring to ensure the length of care calls people was as planned. However, no one we spoke with raised any concerns about care staff leaving their care call early.

We recommend the service review their approach, to ensure arrangements are in place to monitor that care calls are delivered for the planned duration and any shortened care calls are recorded along with the reason why.

- Feedback about continuity of care was mixed. Overall people were happy with their care, however several people shared examples of challenges with communication, where English was not the care staff's first language, and not knowing which member of care staff to expect for their visit. A person told us, "The only thing is there are so many new people starting it's hard to feel safe because I never know who is going to

come through the door." Another person said, "I have 2 regular carers at the moment, but it used to be always strangers, I do get on with them all though."

- The registered manager told us there had recently been changes to the care staff rota which now saw staff working on a 'rolling' monthly basis. They told us this meant they would be able to provide each person, and their relative where appropriate, with details of which care staff to expect for a month at a time. The registered manager told us they were implementing this immediately.
- Not all care staff had up to date training such as in healthcare tasks. The registered manager told us they were following this up with care staff and with the community nursing team who provided specialist healthcare task training, with plans in place for staff to complete, to ensure all staff had the skills required.

Assessing risk, safety monitoring and management

- Risks associated with people's care and home environments were assessed and mostly well managed. We noted some inconsistencies in care planning records where people were at risk of pressure ulcers. The registered manager was responsive to our feedback and assured us they would take action to address this straight away.
- The majority of people told us they felt safe receiving care from the care staff, however, we also received feedback that people felt staff did not always know their specific care support needs and potential risks due to a number of different staff arriving to deliver their care throughout the week.
- Care staff told us they were aware of the risks associated with people's care needs and knew how to provide safe care. A staff member told us, "Yes, I know the individual risks of most [people] as it's stated in their care plans. We [care for] people who are at risk of falling, choking and prone to contracting infections."

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 MCA 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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from harm and abuse.
- The majority of feedback we received indicated that people felt safe in the presence of care staff. A person told us, "They do their best, I feel safe, and they make sure I am comfortable and safe."
- Staff had received training and knew what to do if they had concerns about abuse. A staff member said, "Once a safeguarding concern is noticed, I log it on the app and also inform the management who then take action."

Using medicines safely

- Medicines management systems were in place. At the time of this inspection, the service assisted several people with medicines support, which was documented in their care plan.
- Staff received training to administer medicines safely and competency checks were carried out to ensure they had the appropriate knowledge and skills.

Preventing and controlling infection

- People told us staff followed good infection control practice (IPC) in their homes and wore personal protective equipment (PPE) where required. A person said, "They [care staff] are very clean, I couldn't fault

them. They stand in the hallway and put on gloves, aprons and sometimes masks."

- Staff had received infection prevention and control training.
- The provider was responding effectively to risks and signs of infection.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a system in place to ensure lessons were learnt when things went wrong.
- Staff understood their responsibility to raise concerns and report incidents.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- A range of audits and checks were in place. However, they had not been effective in ensuring that all issues found during the inspection had been identified and acted upon prior to our inspection.
- People's care records did not always include clear guidelines for staff in how to manage risks to their care. This placed people at risk of harm.
- There were not adequate systems in place to identify and mitigate risks as outlined in the key question of safe.
- There was a call monitoring system which confirmed staff arrival and recorded when they left however, this was not used by the provider to enable effective monitoring to take place. We undertook call analysis and found that some care calls were shortened, and staff delivered less than half the time planned.

The providers governance systems were not always robust and effective at identifying improvements needed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of staff communication which enabled staff to share ideas and discuss updates and important information.
- Spot checks on staff were carried out to monitor how they were providing care and their professionalism.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Overall people were happy with the service; the support provided and would recommend them. A person told us, "My [family member] and I love all the carers that come. We have got to know them all and see them more as friends. We know about their families and love to hear about them. My [family member] felt [sad] 1 day and a carer took the time to sit and chat with them."
- Surveys were issued which gave people who used the service, their relatives and care staff the opportunity to provide feedback. Further work to demonstrate actions taken in response to feedback was required. For example, a copy of the care staff survey was shared with us, however, no details were recorded to evidence a response to the feedback received. The provider later told us they did have a copy of the actions available

and gave us an example of an improvement made based on feedback.

- Staff told us the service had a positive culture and they enjoyed working there. A staff member said, "The culture in the service is very diverse. It is very direct and supportive. I feel engaged and listened to."
- Staff also gave us feedback where they felt improvements could be made to the service. A staff member told us, "Most of the team tries to support each other but there is room for improvement when it comes to employees being listened to." They emphasised that, "[People's] concerns are dealt with promptly."

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

- During the inspection, the registered manager was receptive to our feedback and indicated a willingness to make improvements where needed.
- Care staff we had contact with told us that staff morale was positive and they felt supported and valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Detailed rotas were not always in place to share with each person and their relatives so they knew the name of the staff member that would be providing their care. The registered manager took action to address this and improve communication with people.
- Care staff were mostly complimentary about the provider and the registered manager and the support they received. A member of staff shared, "If we have any complaints, we are free to call the office or we can visit the office as well. If we have a complaint the manager will make sure to address the issues and will come back to you before the day."
- The service worked in partnership with other agencies including health and social care professionals.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been operated effectively to assess, monitor and improve the quality and safety of the services.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure fit and proper person were employed. Appropriate checks such as references and DBS checks were inconsistently obtained.