

## Care Signature Christian Homecare Services Limited

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### Inspection report

Whitehouse Distribution Centre  
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19 March 2018

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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

The inspection of this domiciliary care service took place on 15 and 19 March 2018 and was announced. The service was given 48 hours' notice of our visit, because we needed to be sure that someone would be in the location's office when we visited. This is the first time the service has been inspected. The service provides personal care to people living in their own homes. On the day of our visit, there were twenty-five people supported by the service.

The service had a registered manager in place. 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 staff were knowledgeable about how to keep people safe from harm and the actions that they would take should they have any concerns. The staff knew the people they supported well because they were assigned to support the same people on a regular basis.

There was a robust recruitment process and procedure. This included completing references and checks to determine if the applicant was suitable to work for the service. Induction and further training was provided to all staff and they were supported through regular supervision and spot checks. When people need support to take their medicines, staff did this safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and encouraged them to remain as independent as possible. Staff consulted people about their care and the staff understood the principles of the Mental Capacity Act. Best interest decisions involved people's representatives when required. The staff worked with other professionals as appropriate to support people to meet their individual needs.

Staff worked in a person-centred manner and treated people with dignity and respect. People were treated with kindness and compassion by understanding staff.

Care plans were person-centred and reviewed regularly and as required if people's needs changed. People discussed their care plans with staff and they had active input into the reviews of their care.

People and their relatives consistently spoke positively about their experiences with the service. People knew how to make complaints about the service should the need arise.

People's views on the service were sought through surveys and questionnaires. Where issues were identified, the registered manager took action to resolve them.

The senior team completed regular audits and quality assurance checks of the service and this supported

them to identify and resolve potential service issues.

## 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.

People felt safe with the staff that supported them.

There were sufficient numbers of staff deployed to meet the assessed needs of people.

People were happy with how staff supported them with their medicines.

There were systems in place for the safe recruitment of staff.

### Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported through supervision and on-going training.

Staff helped people as needed with their meals and to ensure they had enough to drink.

People were supported by staff to access different health professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People said they liked the staff that supported them and they were kind to them.

People were involved in their care planning and were informed about the service and options available to them.

Staff listened to people and treated them with care and compassion.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and detailed about the person's needs and support provided by the staff.

People's needs were assessed and support planned in response.

Procedures were in place to address complaints.

### **Is the service well-led?**

The service was well- led.

Staff spoke positively about the team and the leadership. They described the registered manager and other staff as being supportive, professional and approachable.

There were quality assurance systems in operation to monitor the effectiveness of the service.

The service worked in partnership with other organisations.

**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 15 and 19 March 2018 and was announced. The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to our inspection, we reviewed information we held about the service including the 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 visited four people using the service, three relatives, two professionals and four members of staff plus the registered manager.

We reviewed four support plans medicine administration records and medicine audits, three recruitment files, and other records about the safety and quality monitoring of the service.

## Is the service safe?

### Our findings

People who used the service and their relatives told us they felt safe with staff and were confident staff supported them in a safe way. One person told us, "The staff know me very well, all about my key safe and how to look after me." A relative informed us that they took comfort and confidence from the same staff supporting their relative.

The staff we spoke with knew how to keep people safe and what to look for that may indicate possible harm and were aware of their responsibility to report and protect people. A member of staff told us, "The training is very good and informative about safeguarding people." We found the registered manager knew their responsibilities in reporting possible abuse or neglect. This was important so they could take action if they were worried a person was at risk in their own homes.

There was written guidance in people's risk assessments which detailed how to support people to meet their needs regarding their safety and welfare. The risk assessment records explained what actions staff should take to reduce the risk. People's individual risk assessments stated potential triggers and guidance on how to keep individuals and staff safe from harm. A member of staff explained to us how they had been given time to read the person's care plan and to get to know them before providing support. This meant they had been introduced to the person and had become familiar with the risks to that person and worked with them to reduce those risks.

The registered manager had employed sufficient numbers of staff to meet people's needs. The people we spoke with using the service and relative informed us the staff had never missed a visit. Staffing levels were appropriately flexible and based around the support each person required to be as safe as possible and achieve what they wanted in life. People who used the service, relatives and staff told us they believed there were enough staff to be able to support people safely. The registered manager informed us that they tried, as far as possible, to ensure the same members of staff supported the same people on a regular basis. This was confirmed by the people using the service and staff. People also informed us that they had a rota so that they knew the staff that would be coming to support them.

There was a robust recruitment process in place. The registered manager explained to us the recruitment procedure and the importance of identifying potential staff that would enjoy the role of providing support. We noted potential staff were invited to interview based on the information provided on their application form. We saw that gaps in employment histories had been clarified by the registered manager. Information had been checked with the Disclosure and Barring Service. This helps employers make safer recruitment decisions regarding employing suitable people to work in care services.

All staff working at the service received training in the administration of medicines. This included observation of their practice before they administered medicines on their own. The staff we spoke with were aware of the medicines that had been prescribed for people and what they were intended to do. People who required support to take their medicines had this clearly documented in their support plans. The staff completed medicine records to show how and when people had received their medicine. People told us

they were happy with how staff assisted them to take their medicines. The registered manager told us all staff who administered medicines had been trained to do so and their competency was checked on a regular basis. This was confirmed by staff we spoke with. We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff told us about the training and they were provided with appropriate personal protective clothing, such as disposable gloves and aprons. Staff told us they had access to enough personal protective equipment for their use.

The registered manager informed us how she analysed accidents and incidents to identify how the team could learn from these events. The registered manager explained that all incidents, accidents and near misses were recorded and then analysed with senior staff. They would then implement any necessary changes and improvements.

## Is the service effective?

### Our findings

People told us they felt staff knew them, understood their needs and supported them in the way they wanted. One person told us, "The staff are effective they know what they are doing and I cannot fault any of them." A relative told us, "It all works very well, the staff are reliable and nothing is too much trouble."

There was a detailed assessment of the person's needs in their support plan. Members of staff informed us they knew how to support people from the information in the support plan. Personal choices of how people wished to be supported had been carefully noted. The support plan was divided into sections regarding personal details, decision-making, how to provide the support and how to keep the person safe. The support plan also explained how to support the person to maintain their health and wellbeing. Specific conditions were noted and plans were in place of how to provide the support required. A professional informed us the staff asked them for advice and training about how to support a person with a specific condition. The plan included the times that staff would attend to support people, the length of the visit and how the staff would support the person in that time.

The registered manager told us most staff had National Vocational Qualifications (NVQ) but for any future new staff they were looking to implement the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

We saw the service training matrix which identified the training provided to staff and further training planned. The registered manager had sought the advice and support of the local authority's provider support team and a member of that team confirmed with us that they had provided training sessions. Staff had received training in physical interventions, epilepsy, risk assessing, dementia care and food hygiene. A member of staff told us, "All of the training has been very good and increased my knowledge about how to help people."

Staff told us they had received regular supervision to support them. Staff meetings had been organised and staff viewed the meetings as opportunities to share any queries they had. The registered manager had also arranged spot checks to support staff and monitor practice. Staff were not informed of the spot check. The registered manager came to check up on their practice and discuss any problems with the staff member. This information was recorded and staff viewed this as a supervision session. Due to the length of time the service has been in operation no annual appraisals have been carried out. The registered manager was planning the appraisals in the next few months.

People told us staff always asked them about their preferences about their meals and drinks before helping prepare them, to ensure people were offered a choice. Staff monitored people's food and fluid intake to ensure they did not become dehydrated when this support need had been identified. The staff left people with snacks and drinks within easy reach between visits.

We saw in people's support plans staff had supported them to access healthcare professionals as required when there were concerns about the person's health. Everyone receiving care and support had a hospital

support plan in place. These plans reflected people's on going health needs and provided staff with guidance on how to support people and recognise any deterioration in their health.

Staff told us they had completed training in the Mental Capacity Act 2005 (MCA). The 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. We checked the service was working within the principles of the MCA.

We spoke with people and their relatives and they explained staff always checked people accepted their support. Staff we spoke with had an understanding about the MCA and knew which people they supported had capacity to consent to their care. Staff told us they had clear information and people's relatives said staff demonstrated practice compliant with the MCA.

## Is the service caring?

### Our findings

All the people and relatives we spoke to were content and complimentary about the care they received. A person told us, "It is not easy to accept you need help and having strangers come into your home but this has been done with care and sensitivity." A relative described the staff as caring and sensitive.

Staff informed us that the senior staff promoted a culture of kindness which was understood by all staff. They demonstrated this through a person-centred approach to care and not one that was task orientated. A member of staff told us, "The support plans are clearly written and we have enough time to talk with people to see how well they are each day." A person informed us the staff were caring, they liked the way the staff were cheerful, smiling and always prepared to share a joke.

All the staff spoke with knowledge about the people they cared for and being able to provide the support they needed. People's support plans detailed their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought. People who used the service and relatives told us they were involved in day to day decisions about their care and support. One person told us, "Shortly after the service began I spoke with the manager and we made a few changes to the plan."

The service staff supported people to express their views and to be actively involved in making decisions about their care. All the people we met informed us that they had a support plan and time had been taken with them to write the support plan and to keep it up to date. One person told us, "The staff write in the plan every time they come." Another person told us, "They asked lots of questions about how I wanted things done so that they were got right,"

The staff informed us that they encouraged people to make choices for themselves regarding what they wanted to do and what they wanted to eat and drink when they were involved with meal planning and preparation. There was information in people's support plans about preferences and choices. One person informed us about how staff helped them to wash and dress themselves. They informed us, "I cannot do this on my own but the staff are nice and they help but do not take over."

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

People and relatives told us staff supported them in a dignified way that protected their privacy. A staff member told us, "I am mindful to draw curtains when providing personal care to protect the person's dignity." Another staff member said, "I treat people the way that I would want to be treated."

## Is the service responsive?

### Our findings

People and relatives told us they received care and support based on their needs and preferences. This enabled people to remain as independent as possible in their own homes. One person told us, "I do not believe I could continue to live here without the support of the care team."

Each individual plan contained information about the persons support needs, preferences and individual goals. The registered manager explained to us they spoke with the person to compile an assessment of their needs and determine if the service could support the person. The registered manager informed us about the importance of knowing the person, their history, likes and dislikes and also about their future desires and aspirations. They informed us about how, with the support of the people and staff, they had developed the support plans. People we spoke with considered they were person-centred because they were a true reflection of the person and their needs. One person told us about a television programme and they had worked with the service staff to change the time of their support visit so that this did not interrupt them from watching the programme.

Staff and the registered manager informed us about how they worked closely with community teams to meet the complexities of people needs. A member of staff informed us they enjoyed working for the service as they had enough time to travel between visits and enough time at the visits to provide the support the person needed. They were also pleased that the initial training had highlighted the importance of reading daily notes and the support plan. This helped to ensure the staff were up to date with any support changes. They told us, "After reading, if you are ever unsure you can contact one of the senior staff for advice, so you do not feel alone and isolated."

People told us they were content with their support plans and had been involved with writing the original from the assessment of their needs and the plan was reviewed as necessary. A relative told us, "I am very pleased with the support; it is all written down." A person informed us about what was important to them, which had been recorded in the support plan and the staff followed the plan as they wished. This meant that people's views about how they were supported were respected.

The registered manager was aware of people that were reliant upon the service for specific medicines, which were important for the person's well-being. In recent times of bad weather the service staff had not missed any visits. They had prioritised people that it was essential to visit due to living on their own or needing medicines. A member of staff told us, "During the snow we all worked together and got to each person and everyone was appreciative of us calling upon them."

The service had a complaints policy and procedure. All of the people and their relatives we spoke with informed us they had no complaints to make. They further explained that they had every confidence in the staff that they would help and support them. People told us that, when they began to use the service, they were informed of the complaints process. Relatives we spoke with told us that they did not have any complaints to make and were pleased with the way the service was developing. One person told us, "No complaints at all and I am confident if I had the manager would act quickly sort anything out."

We saw the service collected compliments about the service provided. We saw thank you cards and letters from both people and their relatives thanking and complimenting the service staff for the support that had been provided.

At the time of the inspection the service was not supporting anyone with end of life care. The registered manager was confident this support could be provided by the service when required by working with the person, their family and other professionals.

## Is the service well-led?

### Our findings

People and their relatives told us they considered the service was well-led. This was because the registered manager and staff were skilled and dedicated to delivering person-centred support. One person told us, "I see the manager quite often. They deliver some care themselves and they are approachable."

People who used the service and staff were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed questionnaires about the quality of the service provided, so any improvements identified could be incorporated.

The registered manager monitored and took action to promote people's safety and well-being. People's welfare and safety were looked at through regular checks of how people's support was provided, recorded and updated. For example, audits were undertaken on medicines and support plans. Visit times were planned and the time spent with the person was checked against the records, support staff signed to confirm support had been provided to people in their homes. This enabled people to be assured they received consistent support in line with the service agreements with them. The registered manager performed random spot checks to ensure people were satisfied with the service provided and staff were being supported.

The registered manager was supported by their manager through visits to the service office and telephone support whenever required. To provide support for staff there was an on-call service, which meant that staff on duty could contact a senior manager at any time for advice and support. The registered manager explained to us how they carefully considered each referral to the service to determine if there was staff capacity to meet the person's needs. They designed staff rotas so that the senior staff were available to do spot checks and support other staff. They also built in time to cover unexpected sickness and planned staff annual leave to reduce the likelihood of late or missed visits.

The registered manager supported by the senior staff had worked on the quality assurance systems being developed within the service. Where shortfalls were identified, the registered manager investigated and took action to improve the situation. This meant that the systems of governance were working and the management team had effective oversight of the service.

We saw that the registered manager and the senior staff were passionate about making further improvements to the service. The manager was looking forward to carrying out the yearly appraisals to support staff to identify and work towards the further development of their knowledge and skills. One member of staff told us, "I am very happy working here because of the support shown towards the staff by the manager. They set a very good example."

The service provided some of the staff training internally while also working with other services for additional training. The registered manager had also worked with other professionals as required to plan and deliver support to people so that their assessed needs were met.