

Saint Catherine's Care Ltd

# Saint Catherine's Care Oxford

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Saint Catherines Care Oxford is a domiciliary care agency providing care to people in their own homes in the Slough area. At the time of our inspection five people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received an induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

People, their relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service. The registered manager told us as the service grew, these systems would be expanded.

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 and update

This service was registered with us on 13 August 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection of an unrated service.

### Follow up

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.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below

**Good** ●

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

The service was well-led

Details are in our Well-Led findings below

**Good** ●

# Saint Catherine's Care Oxford

## **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

The inspection was carried out by one inspector and an Expert by Experience. 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. The service had a manager registered with the Care Quality Commission. This means the provider and registered manager were legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 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 21 April 2022. We visited the location's office on 21 April 2022.

#### What we did before the inspection

The provider was 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. Prior to our inspection, we reviewed information we held

about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with three people using the service, three people's relatives, the coordinator and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for three people, staff training records, three staff recruitment files, quality assurance audits, complaints records, and records relating to the management of the service.

#### After the inspection

Following our visit to the office we continued to gather evidence and we contacted four care staff.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Their comments included: "Mum [person] is safe, she has three visits per day, she is very happy and secure with the carers", "I have no worries about my Mum [person] being safe in their hands as the way they are with Mum is wonderful" and "My carers [staff] are the best and I feel very comfortable with them."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member said, "I would report any concerns to my manager and discuss the most appropriate ways to deal with them."
- Systems were in place to safeguard people from harm and abuse. The manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The manager had completed risk assessments for every person and contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "In my view yes, there is enough staff to support the client's needs. We have not taken any new clients since last year in order to manage staffing levels." We saw planned staffing levels were consistently maintained. This included where two staff were required to support people.
- People told us staff were punctual. One person said, "I have the same carer [staff member] and she is always here on time." Another person told us, "They [staff] always stay for the correct amount of time and they have stayed longer when I have needed them to." People told us they had never experienced a missed visit.

Using medicines safely

- People received their medicines as prescribed. Some people using the service managed their own medicines with the help of their relatives. One person told us, "They [staff] will give me my medicine in a little

glass and make sure I take it."

- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice.
- Medicine records were accurate, consistently maintained and up to date.

#### Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

#### Learning lessons when things go wrong

- Systems were in place to record and investigate accidents, incidents.
- Learning was used to improve the service. For example, one person did not get on with one particular staff member. The registered manager reviewed the allocation process to ensure, as far as possible, staff had similar interests and cultural backgrounds to people being supported.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs. One relative told us, "The company provide care that suits [person]."
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One relative told us how professional the staff were. They said, "They [staff] are very tidy workers and always dispose of soiled pads in a bin which has a liner and they place a new liner in, so they are very hygienic and use the necessary masks and gloves when visiting. Very professional." One person spoke about their condition and how staff used their knowledge to support the person effectively. They said, "I have [particular condition] and get very cold hands and they are aware of this and will bring me a covered hot water bottle to hold which makes me more comfortable."
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision. One staff member told us, "Yes, I have regular supervision and spot checks and find them very helpful to discuss my concerns, ideas and new ways of managing any arising issues, however, I don't wait just for my supervision and communicate any issues, concerns, ideas as they arise."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People and their relatives told us how staff supported people to maintain a healthy diet. Their comments included; "Mum [person] wasn't eating well for a while so the carers [staff] would sit down at the table with a drink and talk to her and encourage her and make it more social and this has made a huge difference to her", "I have a very nutritious diet and the care is very intelligent" and "I am given choices of what to eat and drink and they [staff] always leave me a drink when they leave."
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Staff confirmed most people only needed support with meal preparation.
- Care plans contained details about how to support people at meal times. These listed details of what

people preferred to eat and drink and how best to support them.

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

- The manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The registered manager told us they had worked on a regular basis with any external agencies but had made referrals as and when necessary.

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. We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed that staff obtained consent for people's care and support. One relative said, "Mum [person] is very independent and doesn't like to be told but the carer [staff] gently negotiates with Mum to achieve a good outcome."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. Their comments included; "They [staff] are family to me and so sweet and careful", "They [staff] are like friends to Mum not just a carer coming in to do a job then rush off, they are a real friend to her", "The care package [person] has helped me get on with my life knowing she is looked after and the house is kept neat and tidy", "[Person] no longer has the district nurse visit as it is no longer necessary but the carers monitor her, so they have their eyes on her and this fills us with confidence" and "There is a lot of genuine love provided by this company and the carers [staff] that are employed"
- Staff presented an insight into the importance of understanding and respecting people's backgrounds, their needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "I get to know the client [person] and understand their needs and preferences."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- People and their relatives were asked for their views of the service regularly. For example, the registered manager regularly visited people or phoned them to obtain their views. One person told us how they were involved in their care. They said, "They know my likes and dislikes, so this is important."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives. One relative spoke about how staff promoted the person's independence. They said, "[Person] can still do some things herself and the carer [staff member] encourages her to do so and will wait outside the bathroom until she has completed her tasks but will be there if required."
- People and their relatives told us how staff promoted their privacy and dignity. Their comments included; "They [staff] will always treat me with respect and give me as much privacy as they can when they wash me and get me dressed", "They are a very family orientated company and the carers [staff] treat [person] with dignity and respect and have a wonderful rapport with her" and "She [person] is treated with such dignity and respect when she has soiled herself as this is something [person] finds difficult, but the carer [staff member] is marvellous and so kind and lovely to [person] so she does not feel embarrassed."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.

- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# 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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- The service responded to people's needs. One person told us about how the service responded when they returned home from hospital. They said, "When I was coming home from hospital they [the hospital] had arranged for a plank to go across the bath which was totally unsuitable, but St Catherines dealt with this promptly and organised a lovely bath chair that swivels and lowers me into the bath, I am so pleased with this."
- People's care plans were personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered. A relative told us, "It is a very effective package that [person] has and she is safer, better fed and more alert than she was prior to introducing this service." Another relative said, "There is a comprehensive care plan that I am aware of and it meets all of her [person's] needs."

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.

- People and their relatives spoke with us about communication. Their comments included; "I speak French to my carer [staff member] that she enjoys so all is working well", "As sometimes my English is not so good they [staff] will talk to the doctor for me if I need them to", and "They [staff] are great communicators."
- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, where people required support with glasses or hearing aids, whether people needed text in large print and if people preferred to use a foreign language.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. One staff member told us, "I read to the client to ensure they understand what is needed. Use large print and different colours or bolds if needed. I also check care plan and risk assessment."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and help to prevent social isolation.
- Relatives told us how staff encouraged people to avoid isolation. Their comments included; "For me, I can spend quality time as a daughter with [person] as I know all of her care needs are being met, she is independent and safe" and "They [staff] think of little things like ensuring the phone is always at her side so she can keep in touch with friends and family."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was provided in a 'service user guide'.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Systems were in place to record and investigate any complaints. To date, no complaints had been recorded.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us the service was well-led. Their comments included; "The manager is very accommodating and flexible, so if we need to change or cancel a service this is not a problem". "I cannot fault the company it is well managed, staff are lovely and well trained and I would highly recommend to others", "I highly rate the company and would give them 10 plus out of 10 I cannot fault them" and "They are marvellous."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives. One relative said, "We have regular reviews of care and updates and the managers are very approachable and always there if needed."
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "Manager is very supportive and thorough, always at hand for support and advice. Involving me with the service running and informing me of any new updates or changes I need to be aware of."

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 manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality

visits to people's homes. Action was taken to address any identified issues. For example, monitoring identified some issues relating to staff for whom English was not their first language. Measures were put in place to support staff in this area.

- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had an open-door policy and people and their relatives were encouraged express their opinions either in person or via the telephone. One person said, "I have all the contact numbers if I need to contact anyone in the office, but they come and see me."
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "Absolutely, we always discuss the ways we run the service, new ideas and ways to improve and build on what is already in place."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The manager was a member of Oxfordshire Association of Care providers (OACP) The manager told us this was a "Valuable source of support and information."