

St Katherine's Care Limited

St Katherine's Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good	
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Is the service safe?	Requires Improvement	
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:

St Katherine's Care Limited is a domiciliary care service that provides personal care and support for adults living in their own homes. At the time of our inspection the service was providing support for 33 people. The service covered the Lincolnshire area.

People's experience of using this service:

- People and their relatives were very satisfied with all aspects of the service provided and spoke highly of care staff, office staff and the registered manager.
- People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.
- People received their medicines safely and records checked confirmed staff had their medicine administration competency assessed. Handwritten medicine administration records were not signed by two staff to confirm they matched people's prescribed medicines. We made a recommendation about medicines management.
- Safe recruitment procedures were followed and appropriate pre-employment checks were made. There had been occasions where only one reference check had been requested. We made a recommendation about staff recruitment.
- Risks to people's safety had been assessed so they were supported to stay safe while their freedom was respected.
- Staff had received training in keeping people safe. There were systems and processes to safeguard people from situations in which they may experience abuse including physical harm.
- Care files required more detail to make them person centred and were reviewed when required.
- Staff had received all the training required to support people safely and received regular supervision and annual appraisals.
- People were protected by there being arrangements to prevent and control infection. People were supported to eat and drink sufficient amounts to meet their nutritional needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People had been supported to live healthier lives by being supported to have suitable access to healthcare

services so that they received on-going healthcare support.

- The service regularly visited people in their homes and sought feedback about the service they received.
- One complaint had been received in the last 12 months and this had been responded to appropriately. People had access to information about lay advocates if necessary.
- Alongside the care staff, the office team and registered manager also delivered care calls.
- Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered manager worked in partnership with other care providers to support the development of joined-up care.

More information is available in the full report.

Rating at last inspection: This was the first inspection of the service since they registered with us in May 2017.

Why we inspected:

This was a planned comprehensive inspection based on the date of registration of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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 

St Katherine's Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

St Katherine's Care Limited is a domiciliary care service that provides personal care and support for adults living in their own homes. At the time of our inspection the service was providing support for 33 people. The service covered Lincolnshire.

The provider and manager were registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager 48 hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service. The office inspection took place on 6 and 15 February 2019.

What we did:

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered manager had sent us since our last inspection. These are events that happened in the service that the registered manager are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We spoke with five people using the service and two relatives. We spoke with the registered manager, the care coordinator and three care staff. In addition, we looked at the care plans of four people who used the

service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at three staff files as well as a range of records relating to the running of the service such as duration of care calls, staffing, quality audits and training records.

Is the service safe?

Our findings

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

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.

Using medicines safely

- Staff had their medicine administration competency fully assessed. Management completed three monthly spot checks on staff during care calls where a brief check on medicines competency was also completed.
- Medicines administration recording sheets (MAR) all had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately when medicines had been taken.
- The MAR sheets were handwritten, however, we did not see two staff signatures to check medicines have been recorded correctly. The registered manager agreed to do this immediately and we received evidence after our inspection that confirmed this. We recommend following best practice guidance on medicines management and two staff sign the MAR sheets if they are handwritten.
- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed medicine audits and these had been completed.
- People confirmed they were happy with the support they received to take their medicines. One person told us, "Staff keep an eye on my medicines. If I'm running low [staff name] will remind me to order some more."

Staffing and recruitment

- Safe recruitment and selection processes were followed for most staff but for some staff we did not see at least two reference requests. We shared this with the registered manager who confirmed they thought a single reference was sufficient. We recommend the provider follows their own policy on recruitment of staff to the service.
- Each person receiving a service was supported by a staff member they knew. Rotas showing time of calls and names of staff were sent a week in advance to people and their relatives. People using the service told us they were happy with the staff. One person said, "It's good to get the same carer each time." Another person told us, "[Staff name] always on time and she's excellent."

Assessing risk, safety monitoring and management

- A range of risk assessments had been completed for each person's level of risk. Several people were at risk of falls and risk assessments were in place that explained how to reduce this risk. Risk assessments were reviewed yearly or as and when required. Another person had an allergy to certain types of food and this was

clearly documented. A staff member said, "If a person leaves something lying about I would pick it up, to avoid the person tripping on it."

•Records and people's care files did not always contain signed consent together with a date to confirm people or their representative had been involved in creating these risk assessments. People we spoke with confirmed they were consulted about their risk assessments. Where signed consent was not present the registered persons agreed to get this done.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe when staff supported them. One person told us, "I feel very safe...get safe support." A relative said they have, "Absolutely no worries or issues about safety." Another person said, "Yes I feel safe because I know who's coming."

•Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager. There were visible contact details for the local safeguarding authorities in the office.

•The provider ensured that staff received relevant training to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Preventing and controlling infection

•Staff had received training on infection control and prevention. One staff member said, "I always make sure I'm wearing gloves and aprons, if needed and then throw them away when finished. Never reuse!" Policies and practices in the service ensured people were protected by the prevention and control of infection.

•All staff supporting people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of cross contamination and infections.

Learning lessons when things go wrong

•□Systems to report accidents, incidents and near misses were in place. Weekly management meetings were held where discussions and updates were shared about the people using service. This information was then shared with care staff to make sure people's needs were met.

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

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 were assessed before they started using the service to ensure their needs could be met. Assessments covered people's health and social care needs. One relative said, "They involved me and [relative] in the care plan."
- One person told us they met with several services before they chose this service. The person told us they were very impressed with their values and the two staff that first came out (to complete the assessment) were, "Very well turned out."
- Assessments contained information about the person, which briefly covered their life histories, and how they wanted their needs met. Care plans were reviewed yearly or sooner if people's needs changed. People confirmed the registered manager had visited regularly and talked to them about their care needs. One person said, "I am definitely involved in my care plan." Another person said, "I am very well looked after!"
- Reviews of people's care were carried out but for some people these were not always documented. We spoke to the registered manager about this and they agreed to get these updated. No person receiving a service raised this an issue and all were extremely happy with the care and support provided.

Staff support: Induction, training, skills and experience

- Staff had the right knowledge, qualifications and skills. We reviewed records that showed staff had received an induction. This included a mix of face-to-face training and shadowing colleagues during care calls. One staff member said, "The training definitely helps you do your job. Another staff member said "Face to face training...get answers immediately [from trainer], whereas online you don't get an answer straight away."
- Records showed that staff attended mandatory training including dementia awareness, mental capacity, moving people safely, safeguarding adults, administration of medicines, fire safety, first aid, food hygiene and nutrition, infection control, health and safety.
- Staff were supported in their roles through regular supervision and annual appraisals. Staff told us their competency was regular assessed to make sure people were getting an effective service. We saw records that confirmed these were taking place through unannounced spot checks. Staff told us that regular spot checks made sure they were doing things right.

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

- People told us they were happy with how staff supported them at mealtimes. One relative said, "If I don't

get carers in [relative] won't eat. Thrilled to have them [carers]." A staff member said, "I look at what they [the person] have in the fridge and let them decide what they want to eat."

- Where people needed support with meal preparation and drinks this information was available in people's support plans. People's food and fluid intake had been recorded, where required.

Staff working with other agencies to provide consistent, effective, timely care

- One person was supported by another care agency at different times of the day. This person told us both services worked well with each other to make sure their needs were met.

Supporting people to live healthier lives, access healthcare services and support

- People using the services were supported to contact health professionals when required. One staff member said, "District nurses (DN) for instance; if we went to see a client and there are concerns of pressure sores. We would contact them (DN) and they go out."

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. The requirements and principles of the MCA were being followed when people were being supported.

- All staff had had training on the MCA and staff were able to clearly explain the principles of the MCA and how this impacted on people's daily lives.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff were knowledgeable about the support needs of people they cared for and were able to describe the person's care needs and things that were of interest to them. People were very satisfied with the way they were supported. One person said, "[Staff] don't rush calls." A relative said, "Girls [staff] are great, really chatty...they interact with [relative]."
- People were involved in making decisions relating to their care and were encouraged to maintain their independence. One person said, "I feel safe with staff and I'm keen to do as much as I can and we talk about it [care].....I'm very happy." A staff member reinforced this and told us it was important to, "Empower people to do as much as they want."

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

- People's care records showed they and their representatives had been involved in discussions about how they wished to receive their care and support.

- Prior to supporting people all new staff were introduced to each person they were going to support. This also gave people the opportunity to choose the staff they wanted to support them.

Respecting and promoting people's privacy, dignity and independence

- People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care.

- One person told us, "Oh, absolutely they [staff] respect my dignity and privacy!" We spoke with staff and one staff member told us, "They [people using the service] are a person and I believe to treat them as one of my family members with time and respect."

- Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain relationships with family and friends. People told us they enjoyed the company of staff. One person said, "We have very good phone conversations. Some [staff] have similar interests as me."

- The registered persons told us during people's initial assessment they were asked if they had any religious needs. No one using the service needed assistance with following their faith.

•The service was aware of advocacy and information was available in people's service user guides about how to access local independent advocacy services, the CQC and the local authority. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

•One person said, "They [staff] are very good at making me feel comfortable [when receiving help with personal care]." A staff member said, "I always make time for people.... to listen to them and always make sure they're happy when I leave."

•Information about how the service was run was stored in the registered office. Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

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

- When people wanted to change their support times or did not require support in a particular week they were able to do this. One person told us, "I didn't require care one week and I cancelled care and they [the service] were fine with it. I cannot recommend them highly enough." Another person told us, "If I want to change my routine I call the office. 100%, I really am very happy [with the care]."

- Care plans contained sufficient details of people's preferences and care needs. People and their relatives, where agreed had been involved in creating the care plans.

- The management team including the registered manager regularly visited people in their homes to deliver care calls. This also gave management an opportunity to speak with people and get feedback to make sure the service was responsive to people's needs. People, relatives and staff we spoke with valued management delivering care calls.

- People spoke positively about having the same staff support them regularly. One person said, "I have mainly one carer, unless [staff name] is off. They [staff] look after me really well."

- A staff member told us, "If at any point we are with a person and they aren't well or seem unsettled we will stay with them and let the office know.... the office will get my other calls covered. People are at the centre of their care and always take priority."

- The registered manager was aware of the Accessible Information Standard which came in on 1 August 2016. This Standard made sure people who have a disability, impairment or sensory loss get information that they can access and understand from their service provider in the format they need. People we spoke with did not require information in alternative formats.

Improving care quality in response to complaints or concerns

- People told us if they had any concerns about the service they would contact the registered manager. One person said, "I haven't had any cause to complain after over a year." A relative told us, "I've had to email a couple of times and they've responded within the day. I wasn't expecting that!"

- One complaint had been received in the last 12 months and this had been responded to appropriately.

End of life care and support

- One person had been receiving end of life care and since joining the service this person's health had improved and was no longer in need of end of life care. The service worked with local health professionals to

provide joined up care that were responsive to this person's needs.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One person told us if they had any issues, "They [management] are very approachable." One relative told us, "[Their relative receiving a service] was really impressed with the first [assessment] visit and feels they [their relative] trust all of them [staff] to act in the correct way. Now I'm chilled and am happy.....don't fret and would certainly recommend them to anyone else."

- Systems were in place that ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The registered manager had an effective system to regularly assess and monitor the quality of service that people received.

- The registered manager completed a number of audits that covered care records, medicines and staff training.

- Earlier in the report we raised concerns about medicines and recruitment processes. After our inspection the registered manager sent us confirmation that systems were now in place to manage these processes.

- Reviews of people's care were carried out. When we spoke with people and their relatives about this everyone confirmed management regularly came out to talk with them to review their current support.

- Notifications had been received which the provider was required by law to tell us about. There were systems in place to ensure policies were in place and up to date and available to staff.

- A staff member said the registered manager is "Very very good....good understanding of people, She's approachable and [staff] can ring her at any time. She's fantastic!" Another staff member told us, "They [the

provider] are a very good care company to work for. I really enjoy working for them."

Engaging and involving people using the service, the public and staff

- The registered persons and the management team regularly sought feedback through telephone calls, visiting people in their homes and feedback surveys. We saw 17 surveys had been completed and the majority commented the service was excellent, others commented the service was good.

- Staff meetings took place regularly and staff told us they found them helpful. One staff member said, "We're all comfortable to express ourselves at staff meetings. The meetings are great." Another staff member told us, "[This is the] third care company I've worked for...management and care staff all get on really well. By far the best [company] I worked for."

- Staff members we spoke with told us they were always consulted and asked their views about the service. One staff member said, "Everything is really really good."

Continuous learning and improving care.

- The registered manager had regular meetings and discussions with care staff working at the service.

- The service had a business continuity plan. This set out the arrangements that would take place if events that disrupt the running of the service occurred. The plan covered traffic delays, severe weather, staff sickness, loss of IT and telephone, office damage and any other disasters.

Working in partnership with others

- Health and social care professionals all commented positively about working in partnership with the service to achieve positive outcomes for people using the service.

- The registered persons worked with a local residential care home provider to join resources and expertise in achieving a well led service.