

Signature Care Services Ltd

Signature Care Services Ltd

Inspection report

30 St Johns
Worcester, WR2 5AH
Tel: 01905 425255
Website: 01905 425255

Date of inspection visit: 25 November 2015
Date of publication: 19/01/2016

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 

Overall summary

This inspection took place on 25 November 2015 and was announced.

Signature Care Services Ltd provides personal care for people in their own home. There were 22 people receiving services for which CQC registration was required at the time we inspected.

A registered manager was in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe in the company of staff because of the way staff cared for them. Plans to manage people's individual risks were in place, and people talked about the best way to manage their risks with staff, who took action to care for them in a way which promoted their safety. There were enough staff employed to care for people and chat to them so they did not become isolated. Most people liked the independence that

Summary of findings

looking after their own medicines gave them. Some people had requested that staff remind them to take their medicines and this was done. Staff supported some people by administering their medicines.

Staff had the skills and knowledge to care for people effectively. Staff received regular training based on the needs of people using the service.

Staff knew the histories and preferences of the people they were supporting and provided care in a way that met individual people's needs. People had been involved in making decisions about how their care was delivered on a daily basis, and through their assessments, care planning and care plan reviews. People were encouraged to make choices about the food they ate and staff knew if they had any dietary requirements. People were supported by staff to maintain their health.

People's consent was appropriately obtained by staff when caring for them. If people's ability to make decisions changed, senior staff involved people's relatives and other professionals, so that care would continue to be delivered in the best way for people.

People received care from staff who took time to get to know them. People had developed good relationships with staff who were caring. Staff supported people to maintain their dignity and people were confident that staff respected their right to confidentiality.

The registered manager, provider's representative and senior staff met regularly with people to check they were receiving care in the way they wanted. People and their family members were encouraged to give feedback on the quality of the service. Senior staff made sure regular checks were completed to monitor the quality of the care, and staff members were aware of and implemented the values demonstrated by senior staff.

Summary of findings

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.

People received care from staff who understood how to keep them safe and free from the risk of potential abuse and promote their physical health and well-being.

There were enough staff to meet people's care needs and manage risks.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs and personal preferences. People were encouraged to make decisions about their care and support.

Staff knew about people's dietary needs and staff encouraged people to decide what they wanted to eat. Staff worked with other professionals so that people's health needs were met.

Good



Is the service caring?

The service was caring.

People and relatives were very positive about the caring relationships developed with staff. People's received care met their needs, reflected individual preferences and maintained their dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to make choices and be involved in assessing and planning their care. Care plans were reviewed regularly, so reflected the care and support people needed. People who used the service had been encouraged to raise complaints and concerns.

Good



Is the service well-led?

The service was well-led.

People and staff were complimentary about the service they received. Staff members knew how senior staff expected them to care for people. Senior staff checked the quality of care provided, so people benefited from receiving services from an organisation which was well led.

Good



Signature Care Services Ltd

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 25 November 2015 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification

is information about important events which the provider is required to send us by law. The registered manager had notified us the service had changed location. No concerns about the quality or safety of the service had been shared by the local authority.

We spoke with six people who used the service and one relative by telephone. We spoke with the provider's representative, the registered manager, two senior care staff and three care staff.

We looked at four records about people's care, three staff recruitment files, four people's medicine records, staff training records, and surveys completed by people who used the service. We also looked at the service audits and checks the senior staff and registered manager had completed.

Is the service safe?

Our findings

All of the people that we spoke with told us staff looked after them in a safe way. Three people we spoke with told us how staff made sure they felt safe when they had to change position or move. One person we spoke with told us, "I feel 100 per cent safe." The person told us this was because the way staff made sure they could move in their own time and said, "I feel safe because of this." Another person we spoke with told us, "Staff took time to include me in how risks about my mobility were managed. This has made me feel like a whole person again. I was listened to and the right care was put in place." People we spoke with told us staff always made sure they used protective clothing and maintained good hand washing techniques so risks from infection were reduced, and people remained safe and well. All of the people who needed staff to make their home secure when staff left their home told us staff always did this, so they felt secure.

Staff told us about how they made people safe. Every staff member we spoke with knew what to do if they had any concerns for people's safety. Staff told us they could contact senior staff at any time, if guidance was needed to keep people safe. One staff member we spoke with told us they had contacted senior staff after one person had experienced a fall, so they could check they were taking appropriate action to make sure the person's physical safeguarding was promoted. The staff member told us that senior staff had promptly supported them to make sure the person received appropriate care. Senior staff had worked with health professionals, so the person would recover as soon as possible. All of the staff we spoke with knew how to raise any concerns they had for people's safety with external organisations, which would provide specialist help to keep people safe, when this was needed. One staff member told us how the training they had received had helped them to make sure people were safe. The staff member told us, "You consider safeguarding at all calls. You are looking to see if there are any changes, if people have started to become withdrawn, or need any medical help". One staff member told us how they ensured people's possessions were safe, when they had responded to an emergency. Another staff member told us how some people needed specific equipment to reduce the risks of

them being injured, and how senior staff made sure this was put in place so people received care in a safe way. All the staff we spoke with were confident the right equipment would be put in place when requested.

The registered manager told us how people's risks were looked at before they started to receive care, so they would receive the right care for them. We saw that as well as looking at risks to people's physical health, risks to people's mental well-being were also considered, such as if a person was at risk of isolation. Plans were then developed for staff to follow so that people's safety and well-being would be promoted. Risks for staff working in individual people's homes were also looked at. One member of staff told us how staff had worked with a person and their relative to make sure both the person and staff member delivering care were able to do this in a safe way. The registered manager also told us how they had worked appropriately with staff to make sure financial safeguards were in place to protect people.

All of the staff we spoke with told us they checked people's care plans so they knew the best way to keep them safe. Staff told us how they shared information on people's changing safety needs with senior staff and other care staff. We saw people's risks were regularly reviewed, so staff were aware of the way to deliver care for people in a way which promoted people's safety.

People told us staff had enough time to care for them safely, and they did not feel rushed. Staff we spoke with confirmed the length of calls meant they could care for people in a safe way and chat to them, so people's risk of isolation was reduced. Senior staff and the registered manager ensured there was enough staff to care for people in a safe way by taking into account people's individual needs and matching these with the staff who had the skills required to meet them. Senior staff told us rotas were arranged to take into account people's individual needs, such as if they required two members of staff to deliver care so they would remain safe. The registered manager told us since moving to their new location it had been easier to recruit staff with the right skills and experience, so people would be care for in a safe way.

We saw the registered manager undertook checks on the suitability of staff before they started their employment.

Is the service safe?

The checks included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so the registered manager knew staff had had appropriate clearance to work with people.

All of the people we spoke with told us they managed their own medicines. One person told us, "Staff always make sure my medicines are near so that I can reach them when I want them. Staff remind me to take them, as I mentioned that I wanted staff to do this when I began to have them care for me. They always make sure they do this." One relative we spoke with told us staff looked after their family member's medicines, and these were managed well by staff. All of the staff we spoke with confirmed they had received training so they would know how to administer medicines in a way which kept people safe. Three staff

members told us they had also received training in how to prompt people to take their medicines and how to record this. One staff member we spoke with told us how they made sure people were kept safe when they received medicines needed for a short while. The staff member told us how information was shared with other staff, so everyone who cared for a person would know the best way to keep them safe and well. Staff members told us they were not allowed to administer medicines until senior staff had checked they were competent to do this. We saw there were regular checks on the medicines which people received, so senior staff could satisfy themselves people were receiving the right medicines and prompts, and would remain well and safe.

Is the service effective?

Our findings

People were cared for by staff who had the right skills and training to care for them effectively. All of the people we spoke with said staff knew how to care for them. One person we spoke with told us, “They have had good training, and if a new member of staff comes to care for me, one of the long term staff is with them, so they can show them what to do.” Another person told us, “They are really knowledgeable, so I am getting the best care.” This person went on to tell us staff also, “Understood their limits”, and would involve other agencies in their care if needed to.

Senior staff looked at the training required to care for individuals before they started to deliver people’s care. We were told how they took this opportunity to review the skills within the staff team and consider which care workers would be more suited to the work with the person. One staff member told us they had not been allowed to undertake care for one person until they had completed the relevant training, so they would support the person effectively. Staff told us if they highlighted a training need senior staff took action to make sure staff were able to do the training. One person told us they had recommended stoma training for another colleague. The staff member told us this had been arranged, so people would continue to receive the right care.

One staff member spoke with us about their induction. The staff member told us this had helped them to care for people in an effective way, including how best to keep them safe, and how to respond to their individual care needs, such as communication and mobilising needs. All of staff we spoke with told us they had the opportunity to discuss their training needs at regular supervisions. Staff told us they were confident if they identified any training requirements suitable training would be arranged. One staff member told us how specific training had been arranged in response to one person’s care needs, before the person first started to receive care. The staff member told us how the training was shared across the staff team, so the person would receive effective care from all staff. We saw staff had access to a wide range of training so they would be able to support people effectively.

Staff told us they were able to obtain support either through regular supervisions, staff meetings or by contacting senior staff immediately if they had any

concerns for people. One member of staff told us, “It doesn’t matter what time of day it is, (the senior staff or registered manager), will always help if we are concerned for anyone.”

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. Applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. We saw the provider had made sure that staff understood the requirements of MCA, and were working with other organisations where people’s capacity to consent to care and treatment was changing.

People told us they had been asked to consent to their care. All the people told us they had been central in deciding what care they wanted and the way they preferred this to be delivered. People told us this started at their first meeting with staff, before care was given. Every person we spoke with told us staff always asked if they were happy for staff to provide care. One person told us, “They always check if I am happy to receive care, especially my personal care. If I said I didn’t want to do this, staff would encourage me, but respect my decision.” Staff we spoke with were clear about the need to obtain people’s consent. All of the staff we spoke with told us if a person’s ability to make specific decisions changed they would seek advice from senior staff. Staff gave us examples of where this had happened. One staff member told us how senior staff had involved one person’s family and social workers so the person would receive the most appropriate care for them. Staff told us how they made sure they looked for different ways people consented to care, such as eye movement made by people, to show the choices they made, where this was the best way to check people were happy to receive care.

Is the service effective?

Staff knew about people's dietary requirements. One person told us, "Staff know I am on a restricted diet, but I still get choice." One staff member told us how they made sure one person was supported to make choices about what they would like to eat, by showing the person food packaging, so they could be sure the person was making their own meal choices. One staff member told us how they used pictures to support one person when they were making a shopping list. In this way, the person was able to choose what shopping they wanted and was supported to eat the foods they liked. Another staff member told us one person they provided care for had been very underweight when their care first started, but, "Now they are putting on more weight, and are more healthy."

We spoke with people about the support they received to access health. One person we spoke with told us how staff

had seen changes in their physical health, and how staff had encouraged and supported them to seek medical assistance, so they would regain their health. All the people we spoke with were confident staff would seek assistance for them if they were unwell. One member of staff we spoke with told us how they had contacted the emergency services after one person had a fall, so the person's immediate health needs would be met. Another staff member told us, "I can see if people are ill. I ask them if they want me to contact their GP or their family. If I am very concerned, I will contact the seniors for advice. Ultimately, it is people's choice, but we do try to encourage them to let us help." We saw staff considered people's health needs. For example, senior staff contacted district nursing teams if they were concerned people did not have the right equipment or support to maintain their health.

Is the service caring?

Our findings

We spoke with six people who used the service, and one relative, who all said they got on well with staff. One person told us, “They are all smashing, willing to have a chat and discuss any concerns or problems I have. It’s a two way thing.” Another person told us “I am treated very kindly by staff, have a laugh and it’s relaxed. It took me a long time to accept help but I am glad I did.” One person we spoke with told us, “I can’t complain about anything. Staff are marvellous.” Another person said, “They always ask after me and have a natter.” The relative we spoke with said, “The staff are caring, they really look after, [person’s name].”

Staff found out about the things which were important to the people they supported. People told us this started when senior staff first came out to find out the best way to care for them. One person told us this also helped them to find out about the staff, too, and said, “I felt I got to know, [senior/care worker’s name], at the first interview.” Three people we spoke with told us staff took time to get to know their family, as well as them. One person told us this made a real difference to the way they felt about staff coming into their home.

Staff knew about people’s interests and life experiences, for example, what type of work they had previously undertaken, and who was important in their lives. One staff member we spoke with told us knowing these detailed helped them to chat to people and put people at ease. We saw this information was recorded in people’s care files. Two staff members told us how they were supported to get to know people, as the first time they visited people was after senior staff had undertaken their initial visit. One of these staff members explained senior staff, “Take us in person to meet people. This is great, as you get to spend a lot of time with people before you deliver care, and you can find out what common ground there is.” Another staff member told us how valuable it was to meet people and find out about their needs before caring for them and said, “This reassures people and makes a lot of difference. Staff feel more comfortable and the person has more confidence.” Two people we spoke with confirmed staff members were introduced by senior staff before they started to provide care to people. One member of staff we

spoke with told us, “You can really get to know the person as an individual, build up rapport and talk to them about their care. It’s about making people happy, they really open up to you. It’s what we are here for.”

Every person we spoke with told us staff listened to them and they felt valued by staff. One person we spoke with told us, “Staff will stay a bit longer if I need help. We always get on and I feel at ease, [with staff].” Another person told us how they had “Been a bit down”, but they had felt, “Much more relaxed” after staff had visited and reassured them. People told us they were usually cared for by the same staff members. Two people told us if the carers had to be changed, such as if their regular carer was on sick leave, senior staff let them know before the replacement staff member cared for them. One person told us, “Staff always ask if this is alright, and it is because all of the staff are good.” One person we spoke with told us they chose to have a number of carers supporting them, as they found the chance to talk to different carers enjoyable. People told us they were sent a copy of the staff rota so they knew who to expect.

All people we spoke with said staff encouraged them to be involved in their care. For example, by asking them how they wanted their daily care delivered. People told us they had been encouraged to let staff know the best way to care for them when senior staff first visited them. All the people we spoke with told us staff had listened to the decisions they made so their care was delivered in the best way for them. One person told us how they wanted to maintain their independence by managing their own medicines, and told us, “Staff make sure they do this.” Another person told us they had let staff know they did not want a male carer for some of the care they received. The person told us staff had respected this. There had been a few occasions where both a female and male carer had provided care, but the person told us their care was delivered in the way they wanted, as the male carer had not been involved in delivering every aspect of their care. Staff told us how they made sure people were involved in decisions about their care on a daily basis. One member of staff said, “You ask people directly how they want their care to be delivered.” Another member of staff we spoke with said, “You talk to people, you don’t presume, you find out what people would like and give them choices.”

People’s dignity and privacy was considered by staff. People told us staff always made sure their personal care

Is the service caring?

was delivered in way which promoted their dignity and privacy. One person we spoke with told us, “I get dignity, compassion and respect. I get privacy when I have personal care. [Staff make sure], doors and curtains are closed.” Another person told us how they valued the fact staff would treat anything they said in a confidential way as this made them more confident to tell staff if they had any concerns. Staff told us how they made sure people were treated in a

dignified way during personal care, such as by making sure people were appropriately covered when some types of care were given. People we spoke with told us staff encouraged them to remain as independent as possible. People gave us examples of the way staff did this, such as by making sure they were given time to contribute to their personal care and by managing their own medicines where they had chosen to do this.

Is the service responsive?

Our findings

People told us they were encouraged to tell staff what type of care they wanted, and how they wanted their care to be given, so their care would be delivered in the best way for them. One person told us they had talked to staff about how they wanted their medicines to be managed. The person told us, “I asked them to put my medicines by my side, so I would remember to take them. I mentioned this at the beginning. They make sure they do this.” Another person told us the registered manager had, “Came out to do my assessment, she listened to me and found what I wanted by talking to me.” People told us they talked directly to staff about how they wanted their care to be delivered on a daily basis and they also made decisions when senior staff regularly reviewed their care with them. We saw people’s care plans were regularly reviewed, and reflected people’s current needs. For example, if a person required additional help from staff because of changes in their well-being, this was recorded in their plan and changes communicated to the care workers.

People told us staff listened and took action to make sure their choices and preferences were respected. People told us they were comfortable to ask for the way their care was given to be changed if they wanted to. One person we spoke with said, “I’d feel happy to ask for changes if I wanted them.” Another person told us they sometimes decided to ask staff to prepare different food for them and said, “It’s fine for me to change my mind.”

Staff knew about people’s individual preferences and responded to these. One staff member told us how one person was comforted to know the types of healthy food they enjoyed were left within their reach by staff, so they could access these at any time. Staff knew about people’s individual health needs, and took the changes into account. For example, if people were on a short course of medicines. One staff member told us how they supported a

person so they were able to be as independent as possible with their personal care, as their health needs changed. We spoke with people about this, and one person told us, “Staff listen to me, if I am in pain they take time, and I can still do some things for myself.” Staff told us they checked with people if they needed any extra help before leaving people’s homes. Three people we spoke with confirmed staff regularly did this, and any additional help people asked for was given.

Changes in people’s care needs were recorded by staff at each visit, so other staff would know the best way to care for a person as their needs changed. Staff told us significant changes were discussed immediately with senior staff. Staff told us depending on what had changed, they were alerted by text from senior staff. For example, if someone’s medicines had changed. Senior staff told us it was sometimes appropriate to seek advice from other professionals such as district nurses and social workers, so people would receive care in the best way for them. We saw records to show where this was required it was done, so people continued to receive care in the best way for them.

We talked with people about complaints. All of the people we spoke with told us they had not needed to make any complaints about the care they received. One person told us, “I would be happy to raise any concerns with staff at the office, but I have not needed to.” Another person told us the registered manager, “Had stressed if I have any complaints to ring the office.” Some people told us they would be happy talking directly to staff who cared for them if they had any complaints or concerns, and other people told us they would contact senior staff, including the registered manager. One person we spoke with told us they had raised a concern some time ago, and said, “The office sorted it out.” Staff we spoke with knew what action to take if a person wanted to make a complaint about the service they received, so people would be supported if they chose to do this.

Is the service well-led?

Our findings

People told us the service was organised well and that communication between people, the staff, registered manager and provider's representative was good. People told us how the registered manager and senior staff made sure they were satisfied with the quality of care they received. One person told us the registered manager, "Comes out to see how things are going. She is on the same lines as me and I get on well with her." Another person we spoke with told us, "It's an excellently managed service. [registered manager's name], will make sure things are done in the right way, and staff know what is expected of them." Another person told us the registered manager and provider's representative, "Have rung me and been out to check the care was ok several times."

Staff told us about the spot checks which were undertaken by senior staff. We saw spot checks were regularly undertaken by senior staff, so the registered manager and provider's representative were assured care was delivered in the right way for individual people, and risks to people's well-being and health were considered. Staff we spoke with told us they received immediate feedback from senior staff on the quality of care they provided to people. Senior staff also regularly checked people received the right medicines, and where appropriate people were promoted to take their medicines. We saw senior staff reflected on any errors, and took action so lessons would be learnt and people's health protected. Senior staff told us the outcomes of spot checks were considered as part of regular management meetings.

We saw the registered manager used surveys to check that people and their family members were happy with the quality of care people received. Comments made by people and relatives completing the surveys were very positive about the quality of the care provided. The registered manager, provider's representative and senior staff also checked care records written by staff, so they could be sure people's care plans were up to date. Staff signed to show they had seen the most up to date care plan. In this way, senior staff were assured staff knew the best way to care for people.

Staff told us they felt supported by the senior team and registered manager, and this contributed to people receiving good care. Staff members we spoke with told us they could always contact senior staff if they had any concerns for people. One member of staff told us senior

staff, "Always listen and will respond out of hours. They always reply if I ask for advice. It's well managed, the best I have worked at. They look out for us and we feel valued. The strength is how people are cared for." Another member of staff we spoke with told us the senior team, "Have a passion for what they do. Clients come first, but they also consider us as staff, and check if I need any support. They are very approachable."

One member of staff told us how they had the opportunity to talk through health concerns they had for one person using the service at their supervision. The registered manager had listened to the staff member's concern, and the person's GP had been contacted. A more effective type of medicine was considered by the GP. The staff member told us as a result of the change in medicine, the person was now more comfortable. The staff member told us senior staff had raised this promptly with the GP, so the person would be more comfortable. Other staff told us senior staff responded promptly to requests for equipment so people would receive care in a way which helped to maintain their well-being. We saw during our inspection that senior staff had developed effective working relationships with other agencies, so people would receive the right care for them. Other staff told us they were also able to seek advice and support either at staff meetings, or if they called into the office. One staff member told us they had done this when they had concerns about the environment one was person was living in. The registered manager had taken steps to address this promptly, and was working with other organisations so improvements were made person's home environment.

We spoke with a senior staff member about how they expected staff to work with people. The senior staff member told us how important it was for staff to develop caring relationships with people using the service, and said, "If people are put at their ease, they open up and this means they get better care as they are willing to talk to us." The registered manager told us how important it was to recruit staff who put people first. The registered manager went on to explain they had been approached to provide care for more people, but had recognised they needed staff who shared these values before taking on the responsibility of providing care to new people. As a result of this, the senior staff had decided to move to more centrally located premise. The registered manager told us this had a positive effect on staff recruitment.