

Saints Care Agency Ltd

Saint Care Agency

Inspection report

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Tel: 01162665537

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection was carried out on 14 February 2017. Saint Care Agency provides support and personal care to people living in Leicester. At the time of our inspection Saint Care Agency was operating from an address which was not registered however the provider was in the process of submitting the relevant applications to rectify this. On the day of the inspection visit there were 11 people using the service who received personal care.

The service had a registered manager in place 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 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. Staff knew how to report any concerns of abuse or harm they identified when they visited people. People were encouraged to be independent with as little restriction as possible.

People were usually supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People's plans of care were not kept up to date and did not contain all the information staff needed to meet their needs. People were informed on how to raise any complaints or concerns.

There was a lack of systems to monitor the quality of the service and identify where improvements were needed. People who used the service and care workers were able to express their views about the service. The registered manager was respected by staff and provided them with leadership.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we told the provider to take at the back of the full report.

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 using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were reduced by staff who knew how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received support to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and wellbeing and to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could

change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so and it was not kept up to date.

People were provided with information on how to make a complaint and had opportunities to raise any concerns.

Is the service well-led?

Requires Improvement ●

The service was not entirely well led.

People could not be certain the quality of the service would be maintained because improvements that were needed to the service were not being identified.

People used a service where staff were encouraged and supported to carry out their duties by the registered manager.

Saint Care Agency

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 14 February 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. 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.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at information we have received about the service and statutory notifications. A notification is information about important events and the provider is required to send us this by law.

During the inspection we spoke with three people who used the service and three relatives. We also spoke with one care worker, the deputy manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management of the service.

Is the service safe?

Our findings

People were kept safe using the service and they were treated well by the staff who visited them. Relatives said they felt their relations had good support and they did not have any worry about their safety. One relative told us their relation had two regular care workers and they all knew each other well. The relative said their relation enjoyed being with the care workers which, "Makes me less anxious and I know I don't have to worry about their safety when they are out." Another relative said they had "feared for their (relation's) safety" with a previous agency, but the registered manager had, "Instilled a confidence in me and when she promised that she could deliver the service that I wanted I trusted her." The relative went on to say "she has not let us down" and they did not have any fears about their relation's safety.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. A care worker said they would raise any concerns or worries they had about people's safety with one of the managers, who told us they would pass any concerns onto the local authority. The registered manager told us there had not been any incidents about people's safety that they had needed to refer to the local authority from this service, but they had done so in previous employment. The provider informed us in their PIR that they would ensure staff completed safeguarding training and would discuss this with them in supervision. We found that safeguarding training was included as part of the induction for new staff.

People were provided with the care and support they needed safely. People told us they felt their needs were known and understood, and that they felt "happy and comfortable" with how they were cared for and supported. A care worker told us the registered manager visited people's homes to ensure the care they needed could be provided safely. The registered manager told us they checked to ensure any equipment could be operated safely and avoidable hazards, such as risks that could cause slips, trips and falls were identified and eliminated.

There were sufficient staff available to provide people with consistent care and support which met their needs. People told us they had regular care workers who arrived at the agreed time and often stayed for longer than had been planned. One person told us, "I like the fact that this agency is quite small and although I see my one carer most of the time, all the other carers also know me because they have filled in during holidays or illness." A relative said that if care workers had taken their relation out they did not "rush them to come away from what they were doing" before they were ready. The relative said, "I really appreciate this because to me, it's important that my [relation] can lead as independent a life as they are able to."

A care worker told us someone "would stand in" if they were not at work. They also said they had covered some other people's calls when needed. The deputy and registered managers said they both regularly undertook people's care calls. The registered manager told us that they were recruiting more staff as they took on new clients. They said that in the meantime when they did not have enough staff to cover people's calls they had arrangements to use regular staff from a local agency, and shared some staff with a group of other agencies they worked and shared resources with.

People received their care and support at the time it was intended and told us they had not had any late or missed calls. One person told us, "Amazingly, both the carers who look after me always manage to arrive on time. Sometimes I don't know how they do it as I know the traffic can be really bad round here." Another person said, "I have been pretty amazed at how reliable and on time the carers have been. I certainly haven't any issues around the time they get here at all." A third person told us their care workers were never late said, "If anything, my carers usually stay longer than the time they are supposed to."

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out, although they did not show a complete previous working history which the registered manager said they would ensure was obtained in future.

People were encouraged to manage their own medicines, but support was provided to people if they required it to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative. People who required support were provided with this in the way they wished it to be. A relative told us their relation was supported to take their medicines each morning and the care worker would, "write in the records to say that she has seen [relation] take the tablets every time." The relative added that these were always given at the time they were intended to be.

We identified that one person did not have their medicines managed in the safest way possible. This included some medicines being administered when they had already been removed from their original packaging. This is known as secondary dispensing and is deemed to be an unsafe practice when supporting people with their medicines. The registered manager took action during our visit to stop this happening immediately.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person who used the service told us, "They certainly appear to have adequate skills for the pieces of personal care help I need." Another person said, "I have no concerns about the level of training of the staff at the agency. Certainly from my perspective, and the jobs that I need help with, there are no concerns."

The provider informed us in their PIR that they accessed training to develop staff knowledge. The registered manager described the induction new staff underwent, including some training provided by an external training company. This included completing the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager told us that the staff had not yet completed all of the Care Certificate and they were looking to organise some additional support session to help them with this. The deputy manager told us they were currently liaising with another training provider to provide some further training.

A care worker told us they had attended some additional training relating to health conditions people they had supported had, which they told us they had found to be very beneficial. Staff had attended a training session at a local hospital where they were shown how to support one person who was returning to the service who now needed additional support with their mobility by using a hoist. A care worker also said the registered or deputy manager provide them with opportunities to discuss their work in supervision.

People who used the service were only provided with the care and support they gave their consent to receive. One person told us, "My carer always asks me if I'm ready to make a start when they come first thing in the morning." They added that the care worker would do some other jobs if they wanted some more time before getting up. A relative told us their relation did not communicate verbally, but care workers had learnt how to understand what they wanted to do.

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.

The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. They told us one person was unable to give verbal consent but they were able to do so through adapted sign language. A care worker told us they were able to speak the first language of one of the people they visited which helped them express their views.

People who required support to ensure they had sufficient to eat to maintain their health and wellbeing were provided with this. One person told us how their care worker would provide them with a meal each day. They told us this involved the care worker heating up a ready meal of their choice. They added that if

there was nothing they fancied the care worker "never minds going and getting something else, and then bringing it back the next time they come." A relative told us the care worker who visited their relation prepared all of their meals and knew their likes and dislikes, but still "always asks [relation] what they would like to eat before preparing anything."

People were encouraged to have regular drinks to keep them hydrated. One person told us, "My carer makes me a cup of tea each time they visit and they will also make sure I have a full jug of water and a glass within reach of where I sit for most of the day." Another person told us, "I have no problem making sure I have plenty to drink because the carers all seem programmed to constantly remind me that I need to drink more!"

The provider informed us in their PIR that people were provided with the nutrition and hydration they required and that people's cultural dietary requirements are also met. A care worker told us the people they supported needed some assistance in preparing or heating meals but they did not require any additional assistance to eat these. The care worker said they provided people with meals that were suitable according to their religion and culture.

People were supported by staff who understood their healthcare needs and knew how to support them with these. People told us they had family based arrangements in place to attend any healthcare appointments. A care worker said they understood any health issues people they visited had and they always asked people how they were feeling. The care worker said they would notify the registered manager if anyone appeared to be unwell. The care worker also told us that they had received training in first aid.

Is the service caring?

Our findings

People who used the service described staff as caring and showing a genuine interest in their wellbeing. They were described as extremely professional and going out of their way to make sure that people were happy. One person told us, "I have known my two regular carers for a long time now, so it is lovely that we can have a good chat and a laugh together, but this never detracts from the job they have in hand." Another person described how care workers would "go out of their way" to do things for them and said, "It's just little things like that that make all the difference."

Relatives told us how staff went about their work had made a difference for their relations. One relative told us how staff had enabled their relation to continue living at home for longer than they had expected them to be able to. The relative told us staff were "absolutely wonderful" and they were extremely grateful this had given "me and the family more time to spend with them at home." Another relative told us how the care workers who supported their relation had learnt sign language to be able to communicate with them. The relative said they were, "Very impressed with the amount of time they took to learn and practice."

Staff spoke of "having a caring nature" and finding their work "rewarding". The deputy manager said they received positive feedback from people about their care and support and that they had observed good interactions when staff were carrying out visits. A care worker told us how they had felt pleased when the registered manager had passed on some positive feedback from the people they visited. The care worker told us, "People like to see me, that is nice. I like to know my clients are happy." The registered manager told us how important it was "to get the right staff".

People told us they were involved in planning their care and support and making decisions about this. One person described how the registered manager had visited them when they made contact with the service to find out what care and support they wanted, how they wanted this to be provided and if they had any preferences, such as the gender of staff who would support them.

Staff told us that people were able to, and that they did, speak their mind and say what they wanted from their care and support. A care worker told us people say if they want to change anything they did and this was acted upon. The registered manager said where they visited people to carry out an initial assessment they spoke directly with the person and ensured that they were in agreement with any relatives' comments before including these in the assessment.

There was provision within the assessment and care plan documentation to consider people's individual characteristics. People were able to have their care information provided in different formats, such as larger print and braille. The registered manager told us one person had been provided with information in larger print to enable them to read this. The provider informed us on their PIR that people's cultural needs were documented in their support plans and we saw references had been made to these.

The registered manager told us there was no one who used the service at present who had the support of an advocate, however they would facilitate this if needed. Advocates are trained professionals who support,

enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. People described how care workers promoted their privacy and dignity when providing them with personal care and one person said how a care worker ensured the water was at the right temperature before helping them into the shower. A relative described how the care worker who visited their relation always knocked on the door and waited for a response before entering. They said, "Little things like that, I think, show that the carers are thoughtful and show respect." One person told us how care workers supported them to maintain their independence. They told us care workers, "Provide me with that bit of extra support which is really important to me because I like to be as independent as I can be and still lead an active life."

The provider informed us in their PIR that staff maintain people's dignity and treat them with respect. Staff told us how they respected people when they greeted them each visit and how they spoke with them. They told us they all enjoyed "a laugh and joke" together". A care worker told us they, "Do things the way people want them done." They added that they would sometimes suggest an alternative but if the person didn't like this they would carry on with their preference. Staff also described how they provided any personal care in a way that promoted people's privacy and respected their modesty. The registered manager told us they looked for staff who understood how to respect people's dignity as part of their recruitment process, and that they checked people felt this was done when they carried out their care visits.

Is the service responsive?

Our findings

People may not receive the care and support they require as this was not always recorded in their care plans. We found there were two people who did not have a care plan that described their current needs. One person did not have a care plan in place and the other person's needs had significantly changed since their care plan had been prepared. This included that the person was no longer independently mobile and required staff to assist them with their mobility using a hoist. The person's care plan had not been reviewed and updated since this change in their needs had taken place.

Other people's care plans were not completed in a way that provided information about their needs and how these should be met. This included not having detail about how someone needed to be supported to have a shower and what equipment should be used in doing so, insufficient details about when, where and how people needed support to apply creams and ointments and a lack of guidance on how staff should respond to someone who at times communicated through their behaviour.

We discussed our findings with the registered manager who agreed they had not kept the care plans up to date and they did not describe the detail needed to meet people's needs. The registered manager said because they were a small staff team they had passed on this information verbally, as well as providing care directly to people themselves when they worked with other staff.

The failure to appropriately plan personalised care for each service user is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through our feedback from people who used the service and their relatives it was evident that although the care records did not fully describe the care people required, people were actually receiving the care they needed. People described how they had been visited to discuss what their needs were prior to using the service. They told us they received the care and support they wanted and that their expectations had been delivered in full. One person described how the care workers knew what help and support they needed and they had full confidence in them. They said, "This is one of the areas where the agency excels." They went on to say, "It makes such a difference not having to explain all the time to different carers, how I want them to work, particularly on days when I'm not feeling great." Another person described how well they were supported with their personal care each morning and said, "It certainly helps me feel more alive each day, to know that my appearance is alright."

People were provided with information on what to do if they had any concerns or complaints with the service. People told us they had been given a leaflet which described how they could make a complaint. One person said, "There is an information pack about making a complaint in my folder, but to be honest, because I've never had an issue, I've never really looked at it."

People had not raised any issues or concerns but were confident that if they did these would be listened to and the issue acted upon. One person said, "If I had a problem I would have 100% confidence in raising that with [registered manager] and I am absolutely certain she would do her very best to address it immediately."

Another person told us, "I would be absolutely astounded if she (registered manger) did not take very seriously the suggestion of problems or issues to do with somebody's care."

Staff told us people were made aware of how to raise any complaints or concerns. The deputy manager said people knew they could pick up the phone at any time if they wanted to bring anything to their attention. The registered manager told us they saw people on a regular basis and would act on concerns they brought to their attention, but added this had not happened so far.

Is the service well-led?

Our findings

Although people described their experiences of using the service as positive and this provided them with the service they wanted, we found that there were some parts of the management of the service that needed attention. There was a lack of systems in place to identify where improvements were needed and they had not identified the issues we found needing improvement during our visit. These included obtaining a full employment history for new staff, ensuring people's medicines were managed safely and each person having a care plan that accurately described the care and support they needed.

We looked at people's care records which had been brought back to the office and there was nothing to indicate that these had been checked to ensure they were completed correctly and were accurate. The registered manager told us they were still sorting out systems for storing and auditing records following a recent office move.

The failure to effectively monitor and assess the quality of the service in order to make necessary improvements is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received very positive feedback from people who used the service and relatives who described the service as being well run and had a positive culture. They told us they found the service to be supportive and helpful, as well as being responsive to their requests. People told us they would definitely recommend the service to others and described it as professionally run. One person said they felt there were many people who did not get this standard of service and there were people who would "really benefit from being cared for by this agency." Another person told us, "In my opinion the agency deserves the highest mark that the CQC can give!"

The provider informed us on their PIR that everyone who uses or works for the service is respected. Staff spoke of feeling well supported and valued in their role. A care worker said they were able to work the hours that suited their personal circumstances, and this was respected when they were asked to undertake any additional work. The deputy manager told us they felt it was important that staff felt appreciated for what they did. The deputy manager said they had held the first staff meeting and they planned to hold these on a regular basis.

Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Staff told us there was an 'on call' service provided if they needed any advice or support outside of normal office hours. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service and their relatives were confident in the way the service was managed and had confidence in the registered manager. They told us they had regular contact with the registered manager

both when they visited them and when they contacted the office. People also said there had been occasions when the registered manager had attended their calls to provide their care and support, which one person told us they felt gave them a good insight into how to ensure people received the service they needed. One person told us that the registered manager was available at any time day or night if need.

The provider is required to apply to us when they make certain changes to their service in order to comply with their registration. This includes any change of address for the registered service. The provider had recently moved to a new office and although they had sent us the applications needed for this, we had returned these to them due to an error in completing them. The provider had not made the correction needed and resubmitted the forms and the registered manager, who is also the nominated individual (which is a title we give to the provider's representative,) was unaware these had been returned.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. The provider is required to notify us of certain events that may occur within the service. We had not received any notifications and the registered manager said there had not been any recent event they needed to notify us of.

People were provided with opportunities to comment on the care and support they received and their experience of using the service. People could remember being asked to complete a survey and provide any comments and views about what the service did well and if any improvements could be made.

The deputy manager told us as the registered manager and themselves regularly visited people to provide their care so they were able to gather feedback from them at those times. The registered manager showed us some survey forms that had been returned and these showed people were happy with the service they received. One person had commented, "I am happy with the support I have been receiving and the staff that I have."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not provide detail of service user's preferences and how these should be met. Regulation 9 (3) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not followed to assess, monitor and improve the quality of the service. Regulation 17 (2) (a)