St Micheal Care Limited

St. Micheal Care Limited t/a Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 20 December 2016.

St. Michael Care Limited t/a Home instead Senior Care provides personal care support to people in their own homes. They also provide other services that are not registered or regulated by the Care Quality Commission, such as offering companionship and preparing meals.

There was a registered manager in post. 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.

This is the first inspection under the new methodology. In February 2014, our inspection found that the service met the regulation we inspected against.

People said they were pleased with the service provided and were notified of any changes to staff and the timing of their care. The designated tasks were carried out to their satisfaction and the staff team really cared. They thought the service provided was safe, effective, caring, responsive and well led.

People's, staff and other records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff where knowledgeable about the people they gave support to and the way people liked to be supported. They also worked well as a team when required, such as calls that may require two staff members. Staff provided care and support in a professional, friendly and supportive way that was focussed on the individual and they had appropriate skills to do so. Staff were well trained, knowledgeable and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information shared with GP's and other community based health professionals, as appropriate. Staff protected people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

People told us the office, management team and organisation were approachable, responsive, encouraged feedback and frequently monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with a work force that had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. People also had access to other community based health services that were regularly liaised with.

Staff monitored food and fluid intake in people's care plans to make sure people were nourished, hydrated and balanced diets were also encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

St. Micheal Care Limited t/a Home Instead Senior Care

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 checked 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 was an announced inspection and took place on 20 December 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 15 people using the registered service and 28 staff. During the inspection, we contacted 8 people using the service and their relatives, 14 staff, the registered manager and office team.

During our visit to the office premises we looked at five copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at three staff files.

Good

Is the service safe?

Our findings

People and their relatives said they thought that there were enough staff available to meet their needs and they felt safe using the service. One person told us, "She (Person using the service) has become very friendly with them (Staff) and feels very safe and well supported."

Staff received safeguarding induction and refresher training that included how to recognise and prevent abuse and possible harm to people using the service. Staff understood what abuse was and the action required if encountered. They were aware of the organisation's policies and procedures in relation to protecting people from abuse, harm and followed them. Staff told us they would inform the office to raise a safeguarding alert if they had concerns. The safeguarding, disciplinary and whistle-blowing policies and procedures were contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's philosophy towards providing care, skills and knowledge of the care field they would be working in. References were taken up, work history checked and disclosure and barring (DBS) security checks carried out and a six month probationary period before care workers were confirmed in post. There was enough staff employed to meet peoples' needs. This was confirmed by the staff deployment rota that showed staff were not over stretched when trying to meet people's needs or when travelling between calls.

The service carried out risk assessments that enabled people to take acceptable risks as safely as possible and also protect staff. The risks assessments included identifying risk and measures to take to reduce that risk. The risk assessments included both environmental risks and those related to people. The risk assessments were monitored throughout the period people received the service and identified the level of support and when it required change. People said that staff asked them to identify any risks that staff may not be aware of. Staff told us the information they received, enabled them to identify situations where people may be at risk and take action to minimise the risk. Staff had been trained to identify and assess risk to people and themselves.

The service monitored and logged incidents and events as they occurred. Staff shared information regarding risks to people with the office and this was added to the log. They also shared information with other members of the team, as required. Any immediate concerns were escalated to the senior management team. There were also accident and incident records kept that were regularly reviewed.

Staff safely prompted people to take medicine or administered it as needed. There was a medicine policy and procedure and staff were trained. This training was updated annually. They also had access to updated guidance. The medicine records of people were monitored and risk assessed by the service.

There was adequate protective equipment and clothing provided to keep people and staff safe.

Good

Is the service effective?

Our findings

People told us they were involved in making decisions about the care and support they received, who would provide it and when this would take place. People said they rarely had issues with the timing of calls, length of stay and that their needs were well met. They said that staff were aware of their needs and provided the type of care and support that they needed in a way they liked. People told us that they felt the staff were well trained and this enabled them to complete the tasks that were required. One person said, "I no longer feel I am having to chase and check-up who is coming and when. The carers live relatively close to her (Person using the service) - but she does get a text (her preferred method of communication) on the odd occasions (inevitable in London) that they are running late." Another person said, "My mum has a regular carer and a regular substitute carer so she is familiar with both of them." A further person told us, "I would like to confirm that I have found the service to perform over and above expectation."

Staff received induction and on-going mandatory training. The induction was comprehensive, based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. As part of induction new members of staff shadowed more experienced staff. This was until they felt sufficiently confident to provide support by themselves and the agency was also confident they were equipped to do so. Training included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene and health and safety. More specialist training was also provided for areas such as dementia, Parkinson's disease, stroke training, Peg feeding, catheter and colostomy. A staff member commented, "I have received very complete and good quality training, provided by people who are very dedicated to their clients and their work."

There were quarterly staff and supervision meetings and annual appraisals that provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the hospital discharge teams and other community based health services, such as district nurses.

People's consent to the service provided was recorded in their care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in

place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The agency carried out six monthly spot checks in people's homes that included areas such as staff conduct, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. The spot checks were incorporated as part of the appraisal reviews.

Good

Is the service caring?

Our findings

People felt that staff treated them with dignity and respect. They were listened to by staff and their opinions were valued. Staff provided them with support in a friendly, thoughtful and compassionate way. One person said, "The staff are delightful with my mum, very responsive and proactive." Another person told us, "My mother is blind, quite deaf and has limited mobility so she needs carers who understand her needs (for example, leaving everything in the same place)." A further relative said, "The two members of staff that I have met are very friendly, professional in their approach to (Person using the service) and appear to have gained her confidence quickly." One member of staff said, "The agency support staff in all they do, be it training, dealing with clients or any problems we might have, the support is second to none." Another member of staff told us, "I found the management to be helpful and supportive on the occasions when it was needed."

People told us the service provided thorough, easy to understand information about what was provided to enable them to decide if they wished to use it. The information outlined what people could expect, the way support would be provided and the service expectations of them.

Staff received training in treating people with dignity and respecting them and their privacy as part of their induction and during refresher training. The importance of social engagement and interaction for people was emphasised, particularly as the visit by staff may be the only interaction people received. The service operated a matching staff to people policy, particularly for sensitive areas such as same gender for personal care. This also included staff skills that helped to meet peoples' needs and enable them to regain the skills required to live as independently as possible. The service strove to provide staff continuity to support people better to achieve that independence.

People said they were fully consulted and involved in all aspects of the care and support they received. This was by staff that were patient, compassionate and friendly. People thought staff were prepared to make an extra effort to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The service confirmed that tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

If providing end of life care, the service liaised with the appropriate community based health teams. The service took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives said that the agency sought their views and they were consulted and involved in the decision-making process before the agency provided a service. One person said, "They (Staff) use their initiative to sort out any problems." Another person told us, "If there are any problems or questions I am confident they can be resolved easily." People said that they received personalised care that was responsive to their needs and staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual's needs.

Once the agency had received an enquiry, an assessment visit was carried out by a member of the management team. During this visit they checked the tasks identified and required by people. They also agreed the tasks with people, to make sure they met the person's needs. This was to prevent any inconsistencies in the service to be provided. The visit also included risk assessments.

We saw office copies of people's support plans that were individualised, person focused and the manager told us that people were encouraged to contribute to them and agreed tasks with the agency. People had support plans that detailed the agreed tasks and gave information which would help staff familiarise themselves with people and their routines. This included how they would like to be addressed, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical history. People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet their needs. The changes were recorded and updated in people's files that were regularly monitored. The support plans were reviewed a minimum of six monthly or as required.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "I don't have a single cause for complaint."

Good

Is the service well-led?

Our findings

People were comfortable speaking to the manager, staff and were happy to discuss any concerns they may have and always felt responded to. They told us there was frequent telephone communication with the office and they liked the fact that it was a small agency that made the service a more personal one. Some people said that if there was a problem with staff or the timing of the support provided, that it was quickly resolved. One person said, "St Micheal Care has been so much better than the previous agency. I can't praise them too highly - it has been a huge relief to be with them after the problems we had with our previous agency". Another person said, "I have not had much contact with the office beyond an initial phone conversation with the manager and the set up visit with (Staff member) but everyone has been friendly and charming and seem to be interested in us as people rather than just as customers."

The management team displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for themselves and their relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the management team and the office was what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during quarterly staff meetings. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. One staff member commented, "The mail system used to communicate schedules is very reliable and convenient. It is also easy to communicate with the management team who answers quickly to any question."

The records demonstrated that three monthly staff supervision and annual appraisals took place and input from people who use the service, about staff performance was requested. This was to help identify if the staff member was person centred in their work. Records showed that spot checks also took place.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered were the most important aspects of the service for them. The number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. Quality checks took place that included spot check visits; phone contact with people and their relatives and a questionnaire. Audits took

place of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.