

St Paul Care Support Limited

# ST PAUL CARE SUPPORT LTD

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

ST PAUL CARE SUPPORT LTD is a domiciliary care service providing personal care support to people living within their own homes. The service was providing care and support to one person at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

Risks to people were not always identified, assessed, and documented. Staff did not always have access to detailed risk management information to ensure the support they provided was safe and appropriate to meet individuals needs and the actions they should take to safely mitigate and manage risks. Staff recruitment practices were not always safe. Recruitment procedures were not established and operated effectively to ensure that persons employed met legal requirements.

Care plans and assessments did not comprehensively identify, assess and detail people's physical, mental and emotional health needs and support, or the actions staff may need to take to support people safely and effectively. People's care was not consistently personalised as care plans did not always identify and or reflect individuals' preferences, life histories, social networks, interests and hobbies, the way in which people wished to be supported or contain detailed information about their needs and wishes.

Systems in place for managing and administering people's medicines were not safe. The service did not have systems in place to work within the principles of the MCA. There was no formal training programme in place or a formal induction process for new staff. We have made recommendations to the provider for all of these areas.

Systems and processes for monitoring the quality and safety of the service were not implemented and or effective in identifying and addressing the issues and concerns we found at this inspection and for helping to drive service improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 12 January 2022, and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report. You can see what action we have asked the

provider to take at the end of this full report.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified breaches in relation to person-centred care, safe care and treatment, staff recruitment and good governance. We have also made several recommendations relating to the safe management of medicines, the Mental Capacity Act and staff training and induction.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standard of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# ST PAUL CARE SUPPORT LTD

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 24 and ended on 28 March 2023. We visited the location's office on 24 March 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we had about the service including any notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority for information they had about the service. We used all this information to plan our inspection.

#### During the inspection

We visited the office and spoke with the registered manager and the nominated individual. We reviewed records, including one person's care plan and care records, two staff recruitment and training records and a variety of records and policies relating to the management of the service, including quality monitoring and audits. Following our site visit we attempted to speak with one person using the service by telephone, but were unsuccessful. However, we did receive feedback from them at a later stage.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people were not always robustly identified, assessed and documented. This meant that staff did not always have access to risk management information, ensuring the support people received was safe and appropriate to meet their needs and mitigate risks.
- Risk assessments did not contain enough detailed information about the management of known risks to people. For example, one person's moving and handling assessment documented that for the task of standing, the person was unable to weight bear at assessment. It failed to detail what support was required to help the person to stand or what equipment if any was needed to facilitate safe moving and handling. Furthermore, with the task of mobilising, it was documented that the person was able to walk slowly with support. Information documented was contradictory and failed to detail the support required and how staff should best support the person and use mobility equipment safely.

We found no evidence that people had been harmed, however, risk assessments were not robust to ensure and demonstrate that risks to people were safely managed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us they were happy with the support provided to their loved one. They commented, "Staff are well trained and have got good knowledge and skills and great duty of care to support our [relative] safely."

### Using medicines safely

- Systems in place for managing and administering people's medicines were not safe.
- Although at the time of our inspection no one required support to manage their medicines, there were no robust systems in place to ensure the safe management and administration of medicines. This included medicines care plans, risk assessments, medicines administration records (MAR) and medicines audits. This meant that staff would not have the appropriate guidance or means to ensure people's medicines were safely managed, recorded, and administered if required.
- We drew these concerns to the registered manager's attention who told us they would implement medicines care plans, risk assessments, medicines administration records (MAR) and audits following the inspection ensuring they could meet people's needs safely should they require support with medicines management.

We recommend that the provider refers to best practice and up to date guidance in relation to the safe management and administration of medicines.

### Staffing and recruitment

- Staff recruitment practices were not always safe. Recruitment procedures were not established and operated effectively to ensure that persons employed met legal requirements.
- At the time of the inspection the registered manager and the nominated individual were the only people employed by the service and both provided the regulated activity to the person using the service. Staff records were disorganised and did not contain relevant checks undertaken such as staff applications, interviews and references, and that staff were suitable and had been inducted into the service safely and appropriately in line with the providers policy and procedures.

Although we found no evidence that people had been harmed, the provider failed to ensure staff were recruited and inducted into the service safely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been conducted. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding and whistleblowing policies and procedures were in place and the registered manager was aware of their responsibility to report allegations of abuse and how to refer to the local authority where required.
- Staff had received safeguarding training and were aware of the actions to take if they suspected abuse or had any concerns.

### Learning lessons when things go wrong

- There were systems in place that identified learning opportunities for staff when incidents occurred and staff knew how to report incidents or accidents appropriately.
- The registered manager told us there had been no safeguarding, incidents or accidents since the service registered with the CQC.

### Preventing and controlling infection

- People were protected from the risk of infection. Staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and wishes were assessed before support was provided. This was to ensure the service was able to meet people's needs and preferences. Although assessments of people's needs were completed, care plans required further work to ensure they were detailed, people were central to the planning and reviewing of their care and assessments and care plans were person centred.
- Care plans and assessments did not comprehensively identify, assess and detail people's physical, mental and emotional health needs and support, or the actions staff may need to take to support people safely and effectively. For example, we saw that a person required support to effectively communicate through the use of communication aids. The care plan failed to document how staff should best communicate with the person and how to use the communication aid. The person's background information relating to their hobbies and interests only documented that they liked 'going into the community' and failed to provide full details of the activities they enjoyed and or places they liked to visit and the support they required. Care plans and assessments required improvement to ensure staff were provided with guidance and people's needs were planned and appropriately met by staff.

The provider failed to ensure people's needs and wishes were appropriately assessed, care and support met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans and assessments were in place to document the support people required with their nutrition and hydration needs. However, these failed to robustly assess and document people's nutrition, hydration, meal planning and preparation needs and support. For example, a person's nutrition and hydration assessment documented that they could eat and drink independently with prompting. It recorded the person's food allergy but did not record their likes, dislikes and mealtime regime and this required improvement. We drew this to the registered manager's attention who told us they would address this issue. We will check on this at the next inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service did not have systems in place to work within the principles of the MCA.
- Although the service was only supporting 1 person at the time of the inspection and they were not subject to the MCA, assessment tools to assess people's capacity to make specific decisions, to consent and where required best interest assessments to determine actions to take, were not in place and this required improvement.

We recommend that the provider refers to current MCA guidance and implements appropriate tools to work within the MCA and its principles.

Staff support: induction, training, skills and experience

- At the time of the inspection there was only the registered manager and nominated individual working at the service. Although they had received some training relevant to the needs of the people they supported there was no formal training programme in place or a formal induction process for new staff and this required improvement.

We recommend that the provider refers to current best practice in relation to the induction and training of staff.

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

- Where required, people were supported to access health and social care services.
  - Care plans documented health and social care professionals who should be contacted when required.
- Records showed that staff worked with health and social care professionals to provide effective care and support to people when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- A relative told us, "We are happy with the way in which [relative] is taken care of, and staff are very respectful and caring." However, despite the positive feedback, the lack of clear and detailed information documented within care plans and assessments meant we could not be assured that people received personalised care consistently and staff supported people appropriately to meet their diverse needs.
- Staff received equality and diversity training and were committed to providing a service which was non-discriminatory.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make decisions about the care and support they received. A relative told us, "We were involved in the planning and assessing of [relatives] needs and wishes." However, assessments and care plans did not always record or document people's wishes and choices and it was not always clear if people had been consulted about their care.
- Care plans and records had limited information about people's personal histories, lifestyles, preferences, and independence. This meant that staff did not always have adequate information about people thereby enabling them to develop relationships and support people with their care and independence.
- The registered manager and nominated individual were aware of the importance of maintaining confidentiality and care records were kept securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant people's needs were not always met.

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

- People's care was not consistently personalised as care plans did not always identify and or reflect individuals' preferences, life histories, social networks, interests and hobbies, the way in which people wished to be supported or contain detailed information about their needs and wishes.
- Care plans contained contradictory and inaccurate information for staff to provide person-centred care. For example, a care plan referred only to the person by their initials throughout and referred to the person at times as different sexes for example he/she.
- Care plans and records also lacked detailed information to support staff to recognise and understand people's individual health conditions ensuring their well-being. For example, how best to support someone to mobilise safely independently and how best to support people to manage their physical health conditions and allergies.

The provider failed to ensure people's needs and wishes were appropriately assessed, care and support met their needs and reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and basic information relating to these needs were documented within care plans. However, there were no individual plans in place for people detailing how they may choose to communicate and the level of support they may need.
- The registered manager and nominated individual were aware of the Accessible Information Standard. However, accessible information and care plans were not readily available or in place for people where required, for example, large print or pictorial guides.

End of life care and support

- At the time of our inspection, the registered manager told us that no one using the service required end of life care and support. They told us that if end of life care and support was required they would work with appropriate health and social care professionals to ensure people received good end of life care.

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

- Staff supported people to take part in activities that were meaningful to them and which reduced the risk of isolation where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which informed people on how to make a complaint. A relative told us, "The complaints procedure was given to us when we signed the contract."
- The registered manager told us and we saw there had been no complaints made since the service registered with the CQC.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We were not assured that effective management systems were in place. Systems and processes for monitoring the quality and safety of the service were not implemented and or effective in identifying and addressing the issues and concerns we found at this inspection and for helping to drive service improvements.
- The provider failed to implement and demonstrate the effectiveness of their systems and audits and some systems that were in place were not safely and effectively operated and managed. This meant people were at risk of unsafe care and treatment.
- The registered manager confirmed that there were no audit systems in place to check care records, risk assessments, care plans, staff files and staff recruitment and staff training. This placed people at risk of harm.

Effective systems had not been established and effectively operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The service had a registered manager in post at the time of our inspection. They understood their registered manager responsibilities under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating.
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.
- The registered manager conducted spot checks to observe how staff supported people within their homes.

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

- A relative told us they were happy with the care and support their loved one received, they said, "So far we have been receiving a quality service and care from St Paul Care Support Limited. Staff are very punctual,

they communicate effectively, care towards [relative] is person centred, personal care of [relative] is well taken care of, and staff are very respectful and caring."

- We spoke with the registered manager who told us they were taking action to address the issues and concerns we found at the inspection and were working to develop the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were happy with the care and support provided.
- There were systems in place to ensure satisfaction surveys were sent to people to complete on a regular basis to seek feedback on the service they received. We looked at the findings of the recent survey completed in February 2023 and noted that satisfaction was 100% in relation to how people were treated by management.
- The registered manager was aware of the need to work with health and social care professionals when required to ensure people's needs were safely met.

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<br><br>People's care records and assessments did not comprehensively identify, assess and detail their care needs and preferences.   |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people were not always identified, assessed and documented appropriately to ensure their safety.  |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Effective systems were not established and effectively operated to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service.                          |
| Regulated activity | Regulation   |
| Personal care      | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Staff recruitment practices were not always safe. Recruitment procedures were not established and operated effectively to ensure that persons employed met legal requirements. |



