

Signa Care Group Ltd

# Signa Care Group

## Inspection report

8 Defender Court  
Sunderland Enterprise Park  
Sunderland  
SR5 3PE

Tel: 01915355746

Website: [www.signaturecaregroup.co.uk](http://www.signaturecaregroup.co.uk)

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21 November 2022

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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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Signa Care Group is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection 3 people were receiving personal care.

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

Relatives spoke positively about the service and felt it was safe and staff were caring. One relative said, "On the whole they (staff) are very chatty and friendly. We all talk, we laugh, we joke, we sing and dance. We have a really good relationship with them. We were very, very happy that Signa took over (their family member's care) and we've been happy ever since."

There were enough staff to meet people's needs and safe recruitment processes were followed. There were systems in place to keep people safe. Risks to people's health, safety and well-being were managed. Staff safeguarded people from abuse. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks to people. The provider and staff protected people from the risk or spread of infection and followed government guidance in relation to COVID-19.

Staff received regular training and were supported through regular supervisions, spot checks and yearly appraisals. People's needs were assessed before they received support. Staff supported people with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff were kind and compassionate and supported people in a respectful, dignified manner. Staff encouraged people to maintain their independence where safe and possible to do so. Relatives supported people to make decisions around their care and support. Staff spoke highly of people and were passionate about their roles.

The provider had an effective quality assurance process in place which included regular audits. Relatives were very happy with the service and felt it was well-managed. The registered manager promoted an open and honest culture and was approachable. People and relatives were regularly consulted about the quality of the service through surveys and reviews. Staff were involved in the ongoing development and improvement of the service through surveys and regular communication.

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 and update

The last rating for this service was requires improvement (published 15 July 2021).

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Signa Care Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Signa Care Group

## 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

The inspection was carried out by 1 inspector.

#### Service and service type

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

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to request information about the service, people and relatives and to make sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 28 October 2022 and ended on 2 December 2022. We visited the office on 1 December 2022.

#### What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

People were unable to speak with us about their experience of the care they received so we spoke with 2 relatives. We spoke with the registered manager and the recruitment officer. We also received feedback from 5 care staff.

We reviewed a range of records including 2 people's care records and medicines records. We looked at recruitment records for 3 members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to complete recruitment checks to ensure staff were fit to work for the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks including references from most recent employers. There was an instance where this had not been carried out due to an incomplete application which the registered manager took immediate action to resolve.
- The registered manager had implemented a thorough monitoring process to ensure all right to work checks were fully completed and staff were not allocated work over the maximum number of hours allowed by the Home Office.
- There were enough staff deployed to meet people's needs. Relatives told us staff were on time and calls were never missed. Their family members were supported by a consistent team of staff.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed and managed risks to people's health, safety and wellbeing. Individual and environmental risk assessments were in place and reviewed regularly, to support people to remain safe.
- Accidents and incidents were appropriately recorded and analysed to identify any trends, themes or lessons learnt. Risk mitigating action was taken such as the arrangement of repairs to facilities in a person's home.

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

- Staff protected people from harm. Relatives felt the service was safe. One relative said, "On the whole yes (family member is safe). They (staff) go over and above what we could expect of them. There are always two staff with [family member] during the day. If there's anything wrong, they would notice, the slightest little bruise and it's recorded."
- Staff received regular safeguarding training and could tell us what action they would take if they identified any form of abuse. Staff members told us, "I would be very confident in raising concerns if it was in regards to my client, but I've had no problems so far" and, "I wouldn't have a problem with speaking up, especially if it effected my client's safety or wellbeing."

- Safeguarding concerns were reported to the local authority in a timely way and were appropriately actioned.

#### Using medicines safely

- Staff administered and managed people's medicines safely. A system was in place to help ensure medicines were managed well. Relatives told us there had been no issues with medicines management.
- Medicines were administered by trained and competent staff.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

#### Preventing and controlling infection

- Staff protected people from the risk of infection. Staff followed appropriate infection control measures such as regular hand washing and wearing PPE when supporting people.
- Management carried out regular checks to ensure staff followed the provider's infection prevention and control policies and procedures effectively. One staff member told us, "We use proper PPE, including an apron, gloves, and mask, to prevent the spread of infections."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to carry out assessments of applicants' competence, skills and experience to carry out their work effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff completed regular training to make sure they had the correct skills and knowledge to support people. One relative said, "The girls know [family member] and their care needs really well. They appear well trained, we've never had any concerns with them."
- Staff completed a comprehensive induction at the start of their employment. This included both face to face and eLearning training.
- Staff felt supported in their roles and received regular supervisions, spot checks and annual appraisals. One staff member said, "They have a good management team, especially technically advanced, so you can write reports, chat with managers if you have any problems or feedback. They are very flexible, respect my privacy and help me with any issues."

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

- People's needs were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's care needs.
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes. The registered manager regularly visited people and their relatives to discuss their care needs and wishes.

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care records detailed any specific dietary needs people had and what support they required from staff.
- Risks associated with eating and drinking, such as choking, were assessed and safety measures were detailed in care plans.

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

- Staff supported people to maintain their health and access other health care professionals such as GPs, speech and language therapists, physiotherapists, occupational therapists and district nurses, when required.

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.

- Staff supported people in line with MCA and best practice guidance.
- Staff received regular MCA training and sought consent from people prior to providing support. Care plans contained signed consent forms as well as people's decisions and choices about their care.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and compassionate when supporting people. Comments from relatives included, "We have a good bond with all the carers. We are very happy. It's a good atmosphere and a lot of them do it naturally" and, "The staff are very pleasant."
- Equality and diversity policies were in place to support staff in making sure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff were passionate about their roles and the people they supported. One staff member said, "As a carer, it gives me joy knowing that I can be there for those who need my support and the fact that I am able to help make life easier for other gives me fulfilment."

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

- People and their relatives were involved in making decisions about their care. Care plans detailed how staff should support people in line with their wishes and relatives were involved in reviews around their care. Relatives told us, "Yes I am heavily involved (with reviews and decisions around family member's care)" and, "We are all one big team, between [registered manager], us, [family member] and the carers."
- Care plans detailed people's choices and preferences in relation to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a respectful, dignified manner. When talking about staff supporting their family member to get washed, a relative said, "That's always done in the bathroom with the door closed."
- Staff promoted people's independence. Care plans detailed people's capabilities and what daily tasks they required support with. When discussing how staff encourage their family member to do things for themselves, a relative told us, "They (staff) have got [family member] brushing their own hair now."
- People's personal information was stored electronically and kept secure on password protected devices that were only accessible to authorised staff.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality monitoring systems were effective. Following the last inspection, the registered manager implemented more thorough checks around recruitment and the right to work in the UK.
- Audits were completed for people and staff. These audits were conducted and overseen by the registered manager who also carried out an overall monthly audit of the whole service to effectively monitor and improve the quality of care people received.

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

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- The service was well-managed. Relatives were happy with the service provided. One relative said, "We are very happy with the care and support that Signa provide. [Registered manager] is always in touch with me. We have a really good relationship. We speak openly with each other."
- Staff were complimentary about management and felt they were approachable. Comments included, "Our manager is fantastic and has provided us with any help needed along the way. I would definitely go to him with any issues" and, "[Registered Manager] has always been fantastic to me and I know he will sort a problem out ASAP. He would be the first person I would go to with anything."

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;

- The registered manager and provider understood their legal responsibility to be open and honest when something goes wrong. They submitted notifications to CQC for significant events that had occurred at the service, such as safeguarding concerns.

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

- Feedback from key stakeholders was used to improve the service. People and staff were asked to share their views of the service via surveys and regular communication.
- The provider, management team and staff worked in partnership with other health professionals such as GPs, district nurses, physio therapists and occupational therapists to achieve positive outcomes for people.