

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

SLC Signposts

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We inspected the following standards as part of a routine inspection. This is what we found:

Fees	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Signposts Limited
Registered Manager	Miss Nicola Smith
Overview of the service	SLC Signposts is a supported living and domiciliary care agency that provides personal care and support to people in their homes. The service supported people primarily with learning disabilities.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

We asked the regional manager about procedures in place to make sure that people who paid for services knew how much they were expected to pay and how and when payments should be made. Care records contained a service user agreement and a contract which explained the service to be provided and the expectations for payment of that service and documents were signed appropriately.

We spoke with four people who used the service and two relatives. Comments included: "I am very happy with the staff team who look after my relative. They get on with things on a day to day basis and take initiative", "I would know if my relative was unhappy and I know the care is good" and "My relative is always beautifully clean and tidy and the carers are like family really".

Each record contained information about all health and social care needs and this showed that staff were kept informed about decisions or changes made to a person's care by another health or social care professional.

Staff were asked to provide the necessary documentation before they were offered a position with the company such as training certificates, references, proof of identity and criminal records bureau check.

We saw that the company asked people for their views about their care and treatment and acted on feedback received.

Records were informative with clear instruction to staff about how needs and risks should be managed. They were stored appropriately and kept for the appropriate length of time.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Fees

✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

Our judgement

The provider was meeting this standard.

People who used the service, or others acting on their behalf, who paid the provider for services they received, knew how much they were expected to pay, when and how. People who paid for the service understood their obligations and knew what service they would receive for the fee paid.

Reasons for our judgement

We asked the regional manager about the procedures in place to make sure that people who paid for services knew how much they were expected to pay and how and when payments should be made. We saw evidence that the company had taken into account legislation which supported individuals in their financial affairs. For example we saw documentation around data protection, human rights, care standards and mental capacity.

We reviewed five care records. In each record there was a section about financial planning and this contained a service user agreement and a contract. The information contained in these documents explained the service to be provided and the expectations for payment in respect of that service. The documents were signed by the local authority, the person who used the service or their representative.

We saw that statements were provided to the person responsible for payment. Each statement contained clear details of the date, time, quantity, charge rate and service and whether the service was being paid for by the local authority and/or the clients themselves. This meant that people were able to see clearly how much they were expected to pay and when.

We spoke to the relatives of two people who used the service. One person told us that fees had been discussed with them when they made a decision to start using the service. They said they understood the service they received, how much it cost and who was paying for it. The provider may find it useful to note that one person we spoke with said they had not felt supported regarding fees but that this was currently being addressed.

There was a clear process in place for invoicing service delivery and we saw that people were supported so that they received the best possible service for the cost available to them. For example people were referred to Benefits Maximisation Teams at the local

authority to ensure they were in receipt of the correct benefits.

We saw documentation to support the protection of vulnerable adults, codes of practice for powers of attorney and information about financial decision making. Capacity assessments were undertaken and where people were found incapable of managing their own finances they were allocated appointees either through social services or with the Court of Protection. This meant that the provider made sure that people who used the service were supported by social services and GPs to manage finances and fees if they did not have capacity to do so themselves.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with four people who used the service and two relatives. They all told us they were satisfied with the care and treatment that was provided. Comments included: "I am very happy with the staff team who look after my relative. They get on with things on a day to day basis and take initiative", "I would know if my relative was unhappy and I know the care is good" and "My relative is always beautifully clean and tidy and the carers are like a family really".

We looked at five care records for people who used the service. Before a person started to use the service, an assessment of their needs and abilities was undertaken. The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. The care plans covered physical, emotional, mental health, social and behavioural needs. Risk assessments considered areas such as the risk from falls, moving and handling, skin pressure areas, difficult behaviours and nutrition. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. It was evident that care plans and risk assessments were evaluated on a monthly basis or sooner if required and relatives were included in the review process.

It was clear from discussions with staff and the examination of care records that staff knew and understood the care needs of the people they supported and had received training which was appropriate to the complex needs of some people being cared for. Staff undertook activities with people and these were personalised and flexible and could be changed to meet the needs of the individual.

People who used the service were seen to be relaxed and happy in the company of staff who supported them and they interacted positively with each other.

We contacted the Local Authority and examined our records before our inspection and we found no concerns relating to the service.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We found that SLC Signposts co-operated with health and social care professionals and other individuals who may be involved in the care, treatment and support of people who used their service. For example we saw that people were assisted to hospital, dental and GP visits and where possible chiropractors and dentists attended the homes where people were supported.

We saw from the records we reviewed that there was a section to record information about people's health and social care needs and information received from other health and social care professionals was documented. This meant that staff were kept informed about decisions or changes which may be made to a person's care by another health or social care professional. A member of staff told us about a district nurse who carried out home visits on a person supported by the agency. The member of staff was able to explain why the district nurse had to attend, what treatment they carried out and where the district nurse recorded their information. This information was recorded in the care record at the person's home and then transferred to the office by staff which meant that there was consistency in the documentation held at the office and at the person's home.

In one record we saw information that SCL Signposts had been involved in a multi-disciplinary team meeting and information received at that meeting had been reflected in the plan of care for the person involved. This meant that a holistic or complete approach to people's overall health care needs was provided.

We spoke with a relative of one person who told us "The people who support [my relative] have a good relationship with other professionals. They take them to appointments such as the consultant or the occupational therapist and they always ask me if I wish to attend which means I am included when I am able to be."

There were information sharing protocols to ensure that people's personal data was protected.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with were very happy with the care received from the staff. One person told us "The staff are good, they know what they are doing" and another said "We are good friends, and they help me to remain independent and manage my money".

We reviewed eleven staff files and found that checks were made on all the staff we looked at to confirm their identity and qualifications. A position of employment was not offered until two satisfactory references were received. In most files we reviewed we saw that three references had been obtained. We noted that pre-employment checks with the criminal records bureau had been carried out and these were reviewed on a three yearly basis. More recently when a review was due a check would be made with the Disclosure and Barring Service (which has replaced the Criminal Records Bureau). We spoke with five members of staff who told us about their interview process and corroborated our findings.

Certificates of competencies such as National Vocational Qualifications (NVQ) Level 2 or equivalent were seen on staff files as well as and other relevant training certificates. Two members of staff we spoke with told us the company were supporting them to complete NVQ Level 3 and another was being supported through NVQ Level 2 at the present time.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive, and an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spent time with the acting regional manager and asked them what systems were in place to monitor the quality of the service people received.

Spot checks were carried out on staff whilst they supported people and audits were undertaken by team leaders. These audits covered subjects such as finances, medications, health and safety, activities, risk assessments, progress reports, rotas and staffing levels and were carried out on a weekly basis at each person's home. If any issues were apparent during these audits they were addressed with the member of staff and if necessary further training was provided in any areas which needed improvement. We saw the results of these audits and actions taken when appropriate.

The regional manager told us they encouraged the people who used the service and their relatives to be vocal and asked them for feedback on a regular basis through telephone calls and surveys. We asked people we spoke with if they received regular contact from the service provider and they told us they did. People we spoke with told us they can speak to staff if there is an issue. One person said "If I am worried about anything or if I want to change anything I just ring the office". Another person said there had been an issue about communication but "I told them I wasn't very happy and they have certainly made improvements since I mentioned it. The team leader is much better at getting in touch with me and including me in discussions about my relative's care".

SLC Signposts carried out an annual quality assurance questionnaire with their customers and we saw the results of the latest survey carried out in 2012. We spoke with the quality manager who explained that the answers received had been reviewed and collated and we were shown the results. Where issues were evident these had been addressed. For example, some people had felt that they were not involved in choosing the staff who looked after them. As a result of this the company introduced a document entitled "choosing my support". This gave people who used the service the opportunity to be actively involved in choosing the people who provided their support by taking part in the interview process. This meant that SLC signposts listened to feedback and acted upon it

to make changes for the better.

Care files were audited to ensure that personal details, communication plans, support plans, medications, and reviews were carried out regularly and we saw evidence of that in the files that we looked at.

There were systems in place to monitor and record incidents, investigations and complaints about the service and we were told how incidents are investigated and managed.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We examined five records and found they contained the appropriate information required to meet each person's care requirements. Each person had a detailed assessment and we saw that a person centred care plan was initiated from the information contained in the assessment documentation. There was clear information and guidance to staff recorded in each record to ensure that people's needs were met appropriately. Care plans identified risks and detailed how these should be managed. Care plans were based on the needs, choices and preferences of each individual.

Each file contained detailed risk assessments and where risk had been identified there was clear instruction to staff on how those risks should be managed. This meant that people were supported by staff who had access to documentation about each person's needs and risks.

There was detailed documentation about discussions with other health and social care professionals and information was held and shared appropriately which meant that people's personal data was protected.

We saw that changes in people's care needs was updated in their care plans in a timely manner which meant that information about people's care requirements was always up to date and relevant.

We saw that records were stored securely in each of the nursing stations for each unit and were easily accessible when required.

Staff and maintenance records were held securely in the manager's office.

Records were kept for the appropriate length of time as per the company policy.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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