

Siete Ltd

# Siete Care Services

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Siete Care Services is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes.

At the time of our inspection nine people received personal care as the regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The last rating for this service was Good (Report published 17 May 2019).

### People's experience of using this service

Medicines were administered safely. However, medicine records were not always accurate and up to date. Staff's competency to safely administer medicine was regularly checked and recorded.

The registered manager had quality assurance systems in place to monitor the quality and safety of the service. This included monitoring of medicine management. However, these systems were not always effective and did not identify our concerns in relation to medicine records. The registered manager took action to rectify these concerns.

The service had a clear management and staffing structure in place and promoted a positive, caring culture.

People told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

There were sufficient staff on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were followed by the provider. Some historical recruitment documents were not fully completed. Following the inspection we were informed action had been taken to update these records.

People were safe from the risk of infection. This included measures introduced by the provider to safeguard people and staff from COVID-19.

We undertook this focused inspection following concerns raised by the local authority. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Well-Led section of

this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

## 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 well-led?**

The service was not always well-led

Details are in our Well-Led findings below

**Requires Improvement** ●

# Siete Care Services

## 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 Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service had a manager who was registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection. The inspection activity commenced on 16 September 2020 and we carried out a site inspection on 23 September 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

We spoke with one person and five relatives. We looked at eight people's care records and five medicine administration records (MAR). We spoke with three care staff, the administrator and the registered manager. We reviewed a range of records relating to the management of the service. These included medicine records, quality assurance audits, training records, policies and surveys. In addition we spoke with the local authority commissioning team and reviewed records they had sent to us.

# 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 Good. At this inspection this key question has deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person said, "I have got no concerns and I feel very safe with them, even when hoisted. They all know what they are doing." A relative commented, "He [person] feels safe with them and he uses a stand-aid which is used very well."
- People were cared for by staff that knew how to raise and report safeguarding concerns. Staff were able to describe the types of abuse and what steps they would take to report any concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authority safeguarding team and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and environment. For example, one person was at risk of falls. Guidance on how to keep this person safe, including two staff to support the person, was provided for staff.
- Risk assessments were regularly reviewed. However, not all risk assessments were up to date. We saw one person's care plan stating the person was at 'high risk of falls.' There was no falls risk assessment. The registered manager told us the person was now fully mobile and no longer at risk. They took action to update the care plan. All risks had been reviewed in relation to COVID-19.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken at the time of the incident. However, the registered manager told us follow up actions taken after the incident had been analysed, but were not documented. These actions included discussions with the local authorities and a review of the person's care.

Staffing and recruitment

- The provider had enough staff with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We have enough staff at the moment. We work flexibly, as a team so we have no issues."
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. People told us staff were punctual. One person said, "They [staff] are punctual and I'm always informed if they are ever running late." An electronic monitoring system was in place to monitor staff visits.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. However, recruitment records were not always complete. We saw some historical gaps in staffs employment histories that had not been investigated and recorded. References had

been sought but records of some of the references were not available in the staff file and a health declaration form contained in a staff file was unsigned and had no name, date or address on it. This meant we could not be sure to whom the declaration related to. The registered manager told she would update these files.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicine was administered by trained and competent staff. One member of staff said, "I have had medicine training, several times now and we get spot checks where my competency is tested." Records confirmed staff competency was regularly assessed and recorded.
- Medicine administration records [MAR] were up to date but MAR did not contain details of the medicines being administered on the electronic care plan. These details were held separately in a 'paper' care plan. This meant staff administering medicines did not have all the information at hand to keep people safe. The registered manager said she would update the electronic system and we were able to confirm action had been taken.

#### Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment (PPE) such as masks, gloves and aprons.
- One staff member spoke about the training provided for COVID-19. They said, "We have had further training and regular staff meetings to keep us up to date with infection control guidance and practice. PPE is readily available as well".
- A current infection control policy was in place and available to staff.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. However, the registered manager told us there were no records of these actions.



# 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 Good. At this inspection this key question has deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. However, these systems were not effective and did not identify our concerns, particularly in relation to records, where risk assessments were not always accurate and medicine records were not complete. This placed some people at risk of unsafe care and prevented the registered manager from improving the service.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.

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

- People and their relatives told us they thought the service was well run. Their comments included; "[Registered manager] is very good and her experience shows. You can always approach her. There is nothing that needs to be improved and I would happily recommend the company." Another said, "It seems like a well-run company and we can approach the manager at any time. She is very accessible. We are well pleased with the care."

- Staff were complimentary of the support they received from the registered manager and felt the service was open and honest. One staff member commented about working at the service. They said, "The manager is good, she can be to the point, almost abrupt but she is approachable." Another said, "She is very honest."

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

- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought during reviews where they were able to discuss issues and raise concerns. However, we could not find records of any detailed analysis of the survey results which could be used to improve the service.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. Information was shared with staff at meetings and through secure telephone messages. One staff member said, "I am a strong character so yes, I do have a voice in this service."

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training. For example, the Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- Coronavirus (Covid 19) contingency plans had been put in place and we saw the registered manager had been in communication with the local authorities and staff had been briefed.

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 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the service did not identify our concerns relating to records