

Senior Health Care Agency Ltd

# Senior Health Care Cornwall

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Senior Healthcare is a domiciliary care agency providing personal care in a supported living setting in London, as well as in private houses and flats in Cornwall. The service provides support to older people some of whom may be living with dementia as well as younger people and people who have a physical disability, learning disability or autism. At the time of our inspection there were 8 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Governance processes had not always been used effectively to identify improvements.

Risk assessments were in place but did not always contain information about how to reduce risks to people.

Recruitment and induction processes were in place, however there were gaps in some new staff's employment histories. This meant the registered manager could not be fully assured the staff were suitable to work with vulnerable adults.

There was no evidence available regarding the training of staff who worked at the supported living service. Assessments of the competency of staff who administered medicines had not been completed.

The service was working within the principles of the Mental Capacity Act 2005 (MCA).

People were involved in planning their own care and making decisions about how their needs were met. People's care plans described their needs and preferences and how staff should meet these.

People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood and responded to their individual needs.

Staff gave positive feedback about the registered manager. Staff received training in safeguarding and people received information about how to raise concerns.

People and staff were provided with opportunities to share their views of the service.

### Right Support:

The model of care and setting supported people's choice, control and independence. People were

supported to be independent and had control over their own lives. People made choices and took part in meaningful activities which were part of their planned care and support. People were supported to take part in activities and interests in their local area.

People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.

Reasonable adjustments were made for people so they could participate fully in discussions about their support wherever they needed to.

Staff supported people with their medicines in a way that promoted their independence and achieved good health outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

Staff actively promoted equality and diversity in their support to people. They understood people's cultural needs and were able to provide culturally appropriate care.

People were able to communicate with staff and understand information given to them by staff who supported them consistently and understood their individual communication needs. People who had individual ways of communicating, were supported to use these in their interactions with staff.

People's care plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People enjoyed undertaking activities and pursued interests that were tailored to them. They were given the opportunity by staff to actively engage and try new activities.

#### Right Culture:

People received good quality care and support from trained staff who were able to meet their needs and wishes. People and those important to them, were actively involved in planning their care.

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 22 February 2021 and this is the first inspection.

#### Why we inspected

We undertook this inspection to provide a rating for this previously unrated service.

#### Enforcement

We have identified breaches in relation to the governance of the service.

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

#### 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 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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Senior Health Care Cornwall

## 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 undertaken by 3 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 houses and flats in Cornwall. This service also provides care and support to 2 people living in 1 'supported living' setting in Greenwich, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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. They were also the provider.

#### Notice of inspection

We gave the service 24 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.

Inspection activity started on 8 June 2023 and 12 June 2023. We visited the location's office and people's

homes on 8 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Cornwall and Greenwich local authorities. 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 used all this information to plan our inspection.

#### During the inspection

We visited 3 people and spoke to them and their relatives. We spoke to 5 staff members including the registered manager. We spoke to 1 person, 3 relatives and 4 staff members by phone.

# 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

- Risk assessments were in place for the service users; however, these did not always include information for staff about how to reduce the risks.
- Staff understood how to keep people safe.
- There was evidence of environmental checks of people's homes to help ensure they remained safe for people and staff.
- Regular health and safety audits and environmental checks were carried out to monitor the safety of the supported living service.

### Using medicines safely

- Staff had received training to administer medicines, however assessments of their competence to administer medicines safely had not been completed.
- Staff took responsibility for medicines at the supported living location. Medicines were stored, recorded and managed safely.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People were able to take their medicines in private.

### Staffing and recruitment

- There were recruitment and induction processes in place. For example, references were followed up and Disclosure and Barring Service (DBS) checks completed before new staff started work. However, there were gaps in some new staff's employment histories. This meant the registered manager could not be fully assured the staff were suitable to work with vulnerable adults.
- Arrangements for staffing, including skills and numbers, reflected the needs of people using the service. One person told us, "The manager did ask if the times suited me."
- As far as possible, people had a designated team of staff who supported their needs.
- Staff who had got to know people well worked alongside any new staff so the new staff member got to know the person's needs and routines, and the person was able to get to know the new staff member.
- People confirmed the correct number of staff always attended calls and for the allocated time.

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

- Staff had received training in safeguarding and understood who to contact internally and externally if they had any safeguarding concerns.
- Staff knew how to communicate with people if they showed signs of agitation or distress.

- The provider had a whistle blowing policy in place.

#### Learning lessons when things go wrong

- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- Learning from incidents was discussed in team meetings.

# 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.

Staff support: induction, training, skills and experience

- Staff providing domiciliary care received training related to the needs of the people they were supporting. However, the registered manager was unable to provide evidence of training for staff who worked at the supported living service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spot checks were completed on new staff to help ensure they were competent in their role.
- People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "I've never had carers like these, they are exceptional. They use their own initiative to do things in a different way. They always ask if they want to change something in the routine. We have time to discuss it and once agreed we give it a go. We work together. I couldn't be more pleased."
- When new staff were introduced, they shadowed existing staff so people could build a relationship with them, and the new staff member could learn about the person's needs, preferences and routines. One person told us, "If it is a new carer, or one that has been before, they advise the one stepping in exactly what is expected of them."

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

- Care and support plans were personalised and reflected people's needs and aspirations.
- Care plans included details of people's communication needs, where necessary.
- People and those important to them were involved in developing people's care plans.
- Staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

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

- At the supported living service, people were supported by staff to plan their meals, choose their food, cook and complete food shopping.
- Staff ensured the food choices available took into account people's cultural needs and preferences.
- Where people received support with food and mealtimes, staff encouraged people to eat a healthy and varied diet to help them to stay healthy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People at the supported living service had good access to physical healthcare and were supported to live healthier lives.
- Staff at the supported living service worked closely with healthcare professionals to help people remain healthy.
- Staff providing domiciliary support were available to support people to contact healthcare professionals, if 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.

- The service was working within the principles of the MCA. Most people being supported by the service had the capacity to make their own decisions.
- When people did not have the capacity to make certain decisions, this had been assessed and best interests' decisions made.
- Staff obtained consent before delivering care, completing tasks in people's homes.
- Staff empowered people to make their own decisions about their care and support.

# 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 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 at the supported living service were able to speak the same language as the people living there. This helped ensure the people had their views and choices heard.
- People received kind and compassionate care from staff who used positive, respectful language at a level people understood and responded well to.
- Staff members showed warmth and respect when interacting with people. One person told us, "I look forward to them coming. I never feel rushed. They remain calm and considerate."
- People received care and support from staff who had got to know them well. One person told us, "If I was an employer I would love to employ them because I trust them. They have become friends and I think that is important."

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

- People were listened to by staff, given time and supported by staff to express their views using their preferred method of communication.
- People were enabled to make choices for themselves. Staff respected people's choices and wherever possible, accommodated their wishes.
- Where appropriate, communication tools had been developed to help people make and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- At the supported living service, people had the opportunity to try new experiences, develop new skills and gain independence.
- People's independence was supported by staff who enabled them to do as much as they could for themselves.
- Staff treated people and their properties with respect. Relatives told us, "There was an incident recently. Staff stayed with us till the ambulance came and I noticed when I got home they had tidied up after. They were very good" and "They respect my family member and I could not ask for better."
- Staff knew when people needed their space and privacy and respected this.

# 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 good: This meant people's needs were met through good organisation and delivery.

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

- People at the supported living service learnt everyday living skills and were supported to develop new interests by staff who knew them well.
- Staff spoke knowledgeably about tailoring the support they provided to individual's needs. A relative told us, "It is great for my family, works perfect so far."
- People were involved in planning their own care and making decisions about how their needs were met. One person told us, "The staff are magnificent, very attentive and caring. They go the extra mile in my opinion. They often stay longer than they should because they are not quite finished."
- People had care plans that clearly explained how they would like to receive their care, and support. A relative told us, "We all had a chat including mum. Then they sent out a draft care plan and then I added to it. We spoke again and then the care plan was made."
- People were empowered to make choices and have as much control as possible.

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.

- Staff ensured people had access to information in appropriate formats. There were visual structures, including photographs and easy read information which helped people understand information provided to them.
- Where necessary, people had individual communication care plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff were trained and skilled in using personalised communication systems.

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

- The people living at the supported living service had access to a range of meaningful activities in line with their personal preferences. This type of support had not been commissioned for people using the domiciliary service.
- People chose the activities they took part in and were given information about which staff member would be able to support them.

- People were able to stay in regular contact with friends and family.
- Staff enabled flexibility, to ensure that wherever possible people enjoyed freedom of choice and control over what they did.
- Staff enabled people to access relevant mainstream activities so that people could broaden their horizons and develop new interests and friends.

Improving care quality in response to complaints or concerns□

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously investigated them and learned lessons from the results, sharing the learning with the staff team.

# 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.

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

- Governance processes had not always been used effectively to identify improvements. For example risk assessments did not all have guidance for staff to mitigate risks.
- When people's care plans were taken to the office be updated, they were not always returned promptly and did not always reflect changes to the person's care needs.
- The registered manager told us staff did not administer medicines; however, records completed by staff suggested they did. This had not been identified through checks of these documents. Staff competency to administer medicines safely had not been assessed.

This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was looking at how technology could improve people's service. A new computerised system to record call visit times as they happened, was due to be implemented.
- Staff had clear roles and responsibilities. Staff were able to clearly explain their role in respect of the individuals they supported.
- Staff were positive about how the service was run.

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

- Phone calls to people receiving domiciliary care had been completed to collect feedback on the service, However, calls to one relative on three different dates, all recorded exactly the same answer to every question. This did not provide useful information which could be used to improve the service.
- A feedback form to collect the views of the people living at the supported living service had been developed, but this had not yet been used.
- Staff meetings were held regularly, and these were an opportunity for staff to raise ideas or suggestions.
- Staff said they had good communication with the registered manager, and said they were happy to share any concerns with them.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

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

outcomes for people

- Staff supported people in the supported living service to go to shops where they could buy items, for example clothes, that reflected their cultural background.
- People and relatives were positive about the service. Comments included, "All things considered we are more than happy with the care. The carers will do anything to help."
- The registered manager took an active role in the service and had met with each person the service provided care to. They understood each individual's needs and the support they required.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision. Records showed referrals were made to relevant professionals when necessary.

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      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had not ensured governance processes had been used effectively to identify required improvements to the service.</p> |