

Inspire Management Group Ltd

Siddeley House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Siddeley House is a domiciliary care agency. It provides support and personal care to people living in their own houses and flats.

The Care Quality Commission (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 the inspection 44 people using the service were receiving personal care.

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

At the last inspection the service provided was not always safe for people to use as people's support visits were not always occurring at the agreed time or lasting for the agreed duration. The care provided was not always effective as some people and their relatives thought the difference in the quality of skill sets of individual staff members, showed a need for training more focussed on the needs of individual staff. The service was not always well-led as the quality assurance system did not always identify and address people's concerns about the service delivered.

At this inspection people and their relatives said that calls were taking place on time and lasting for the agreed duration. People were informed if staff were running late. There were enough staff who were appropriately trained and provided care and support in a friendly way. The quality assurance system identified and addressed people's concerns about the service.

People received a safe service with risks to people assessed, monitored and reviewed. This enabled the provider and staff to minimise risks to people. There were enough appropriately recruited staff. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. Medicines were safely administered by trained staff. Personal Protective Equipment (PPE) was available and current guidance followed. The infection prevention and control policy was up to date.

The service was effective with peoples' needs assessed, and they were given choices, as to when and how they would receive care and support. Staff encouraged them to discuss their health needs, any changes to them and they were passed on to appropriate community-based health care professionals. Staff received appropriate, good quality training. The provider was part of a professional's network promoting joined up working between services based on people's needs, wishes and best interests. This included any required transitioning of services if people's needs changed. Staff protected people from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

The service was well-led with quality regularly reviewed, and changes made to improve the care and support people received. The provider had a culture that was positive and open, with an identifiable leadership and management structure. The provider's vision and values were clearly set out, staff understood them and

were aware of their responsibilities and accountability. The provider established working partnerships to promote the needs of people being met outside its remit to reduce social isolation. Registration requirements were met.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 September 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider 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 and Well-led which contained those requirements and a recommendation. A decision was made for us to inspect and examine the risks associated with these issues.

CQC has introduced focused inspections to follow up on previous breaches and to check specific concerns.

As no concerns were identified in relation to the key questions Caring and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Siddeley House on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Siddeley House

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 carried out by 1 inspector.

Service and service type

Siddeley House is a domiciliary care agency, registered for 'personal care'. The service provides personal care to older people who may be living with dementia, have a physical disability, sensory impairment and younger adults.

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

We gave the service 24 hours' notice of the inspection. This was because 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 January and ended on 25 January 2023. The inspection visit took place on 10 January 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 local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with 10 people using the service and their relatives, 8 staff and 3 health care professionals who have regular contact with the service, to get their views about the care provided. We looked at 5 people's care plans and 2 staff records. We reviewed a range of records. They included staff rotas, training and supervision, risk assessments, reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included spot checks, observations, training matrix and audits. We received the information which was used as part of our inspection.

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 the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found no evidence that people had been harmed however, people using the service and relatives had raised concerns regarding calls not happening at the agreed times and lasting the full duration, placing people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 18.

- The provider's staffing and recruitment was safe.
- People and their relatives said their calls were now taking place on time and lasted for the full duration. A relative said, "Always turn up on time. [person using the service] is safe in her [care worker] hands." A person told us, "She [care worker] knows what she is doing and that makes me feel safe." A staff member told us, "I do feel the service is safe for both service users and staff. We are well trained in our roles and can pick up signs of abuse, misconduct and provide a service where people are kept safe."
- The way staff were managed, and the staff rotas demonstrated that the service had enough staff to keep people safe and meet their needs. The planning and deployment of staff utilised them effectively to meet people's needs. People's care plans showed that people using the service were supported to have their needs met when they needed them.
- The records of staff recruitment demonstrated that the provider followed their procedure. As part of the interview process scenario-based questions identified prospective staff skills, reasons they wished to work in adult social care, experience and knowledge. Before employing staff, references were taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a 6 months probationary period with a review.

Assessing risk, safety monitoring and management

- The provider assessed risk safely, monitored and managed it.
- People, their relatives and staff said they thought the service was safe and were happy with the safety of the care and support provided.
- Staff followed regularly reviewed risk assessments that were updated, and included the relevant aspects of people's health, activities and daily living. A relative said, "Very good, they [care workers] make a real effort." Another relative told us, "They [care workers] do what they are supposed to do and are very kind." A staff member said, "I feel confident that I can identify when people are at risk and report it to the office."

- There were environmental risk assessments to protect people and staff. Staff identified situations where people may be at risk and where possible acted to minimise those risks.
- There was a whistle-blowing procedure that encouraged reporting bad practice. Staff said they felt they worked well as a team and didn't have a problem discussing any concerns within the team.
- Health care professionals were positive about the service provided.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines. A relative said, "[person using the service] gets their medicines on time."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to keep people safe from the risk of abuse.
- Staff received training that enabled them to identify abuse and the action they should take if encountered. They were aware of how to raise a safeguarding alert and when this was needed. Safeguarding concerns were appropriately raised with the local authority. Staff had access to safeguarding policies and procedures and those regarding prevention and protection of people from abuse.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The health and safety information and training provided for staff included general responsibilities within people's homes and lone working.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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 Requires Improvement. At this inspection the rating has changed 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 we recommended the provider revisit the training it provides for staff to ensure they have the knowledge to carry out their tasks appropriately and that it meets their individual and personal needs.

At this inspection we found this had taken place.

- Staff were well supported and received induction and training that developed their skills and increased their experience.
- The provider gave staff a good quality induction, and mandatory training and staff said they were well supported and felt skilled. People told us that staff were professional, competent, and they liked the way staff carried out their duties. A person using the service said, "We have more consistency now, they [care workers] turn up on time and if there is a problem, they let us know." A relative commented, "If they [care workers] are held up, they let us know and the service is so much better." A member of staff told us, "The training is thorough, and we get good support."
- The induction was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The staff files we inspected had a checklist recording that the different recruitment and training components had been completed.
- The provider training matrix identified when mandatory training was due, that it had taken place, and staff confirmed they had received the training. This meant staff were better equipped to provide people with the service they needed. Staff mandatory training included moving and handling, falls awareness, safeguarding, medicines administration, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. This included dementia awareness.

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

- People were supported to eat and drink.
- Staff supported people to eat, drink and maintain a balanced diet, if this was included in their package of care. A relative told us, "I know now that [person using the service] will get her meals on time."
- People's care plans contained health, nutrition and diet information with healthcare action plans.

Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure people drank enough to be hydrated. If staff had concerns, they were passed on to the management team, who alerted appropriate healthcare professionals.

- If people required support with diet, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had meals they enjoyed.

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

- The provider received new referrals from local authority commissioners or privately. The registered manager said, when a new enquiry was received, an appointment was made for an assessment meeting with people and their relatives, at their home. The assessment was carried out at a pace that suited the person and their needs.
- People had a comprehensive assessment of their physical, mental and social needs and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The provider provided easy to understand written information for people and their families.

Staff working with other agencies to provide consistent, effective, timely care

- The provider supported people to keep healthy by maintaining good working relationships with external healthcare services and receiving ongoing healthcare support, from them.
- The provider signposted people to other organisations that may be able to meet people's needs outside their remit, to prevent social isolation. This improved people's social inclusion and their quality of life.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community-based healthcare professionals, such as district nurses and to refer themselves to health care services, such as their GP.
- Staff reported any healthcare concerns to the management team who alerted appropriate healthcare professionals and commissioning bodies.
- People's health and medical conditions and any changes were recorded in their care plans.

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.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

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 the rating has changed 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

At our last inspection we were not assured that the quality monitoring system effectively identified and addressed people's concerns regarding calls not happening at the agreed times, and lasting the full duration, placing people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 17.

- The service was well led.
- An analytical quality assurance (QA) and care planning system identified if people received their calls on time and they lasted the full duration. People using the service and their relatives said the number of missed and late calls had been significantly reduced and service improved. A relative said, "100% improvement we are now getting a great service." Another relative told us, "It's such a change, they [care workers] now turn up on time and let us know if they are behind time."
- The QA system contained key performance indicators that identified how well the service was performing, and any areas that required improvement. The registered manager demonstrated how information was analysed and any decline in quality of care was identified and addressed.
- The registered manager and staff were clear about their roles, its importance and quality performance. They carried out regular checks on the quality of care staff provided with records showing that monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. A relative said, "This is now a flexible service that meets [person using the service] needs." A staff member thought the service was very supportive and well led.
- There were regular audits, at appropriate intervals for the areas being audited, and the outcomes transitioned into performance improvement, particularly regarding time keeping. A relative said, "Time keeping is much better and the office contact us or come out in person to check we are getting the service we need." The audits included quality and care plan reviews, communication logs, and health and safety. People's care plans were reviewed a minimum of annually or sooner, if care and support needs changed.
- Feedback was shared with district nurses and GPs to check that the support provided was what people needed. This was with people's consent.
- Regular meetings took place to discuss any issues that had arisen and other information, including staff

who may not be able to cover calls and any tasks that were not completed and why.

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

- The provider had a culture that was open, inclusive and positive. People and their relatives told us they thought the registered manager and staff were approachable, attentive, they were listened to and everyone did their best to meet people's needs. A person using the service said, "They [care workers] are lovely and have time for me." A relative commented, "We have better communication with the staff and office now and they let us know if there is a problem with the timings which makes a big difference." A member of staff told us, "Since joining Inspire Management Group Limited, I have noticed that the management ensures people receive person-centred and high-quality care. They also promote an open/fair culture as well as learning opportunities. Any issues/concerns with either service users, next of kin, or staff members are dealt with promptly and to their satisfaction." Another staff member said, "I work closely with the registered manager as well as the care manager, if I have any issues, they are both very prompt and responsive."
- The services provided were explained to people and their relatives so that they knew what they could and could not expect from the provider, service and staff. This was underlined by the statement of purpose and guide for people using the service that set out the organisation's vision and values. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. Staff told us they felt well supported by the registered manager and senior staff.
- The provider's vision and values were explained to staff during induction training and revisited during mandatory training. Staff understood them, and relatives told us they were reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- Staff felt well supported by the registered manager and office staff supported and they also supported each other, as a team. A staff member said, "We all work well as a team."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.
- Healthcare professionals felt the service was well managed.

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

- People, their relatives and staff were engaged by the provider.
- People and their relatives said the communication with the provider was good, and communication had improved a lot. They had the opportunity to voice their views about the service, were listened to and their concerns were addressed. A person using the service said, "Much better communication and staff understanding." Another person said, "I have a lovely lady [care worker] who knows me and understands what I need." A staff member told us, "I feel listened to."
- People, their relatives and staff were sent feedback questionnaires and surveys that the registered manager told us were scrutinised to identify ways the service could improve.
- Spot checks were carried out by the registered manager and senior staff and included observing competence. There were also post spot check telephone and face to face interviews with people, when staff were not present. The service identified if feedback given was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received regular supervision, annual reviews and staff meetings took place where staff could have their say and contribute to improvements.

Continuous learning and improving care

- The service improved care through continuous learning as reflected in the feedback we received from

people using the service and their relatives.

- There were regular updates for people, relatives and staff that informed them of updated practical information such as keeping safe guidance.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- People and their relatives gave regular verbal feedback to identify if appropriate care and support was being provided.

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 provider was aware of their duty of candour responsibility.
- There was a clear management reporting structure and open-door policy.
- Our records told us that appropriate notifications were being made to the Care Quality Commission in a timely way.