

# Sincerity Home Care Services Limited

## Suite C, Sincerity Home Care Services

### 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Suite C Sincerity Home Care is a domiciliary care service registered to provide personal care to people who live in their own homes. At the time of our inspection there were 15 people receiving personal care and support.

People's experience of using this service: Staff were involved in developing records in line with their knowledge of people's needs and preferences. Care and support was delivered in a person-centred way by staff who were familiar with people's likes, dislikes and preferences. Care plans and risk assessments lacked person-centred details. These were being further developed at the time of the inspection.

People felt safe. Staff had a good understanding of how to safeguard people and were confident to raise any concerns they identified. Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were happy with the support they received from the service. Staff were trained well and treated people in a kind and compassionate way.

Care and support was tailored to each person's needs and preferences. Staff understood people's needs and what was important to them.

People were supported to have maximum choice and control of their lives, remain independent and have a meaningful life.

The provider demonstrated a commitment to providing person-centred care for people. Staff felt the management team were supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based on our inspection schedule for new services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Suite C, Sincerity Home 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: One inspector completed the inspection.

Service and service type: Suite C, Sincerity Home Care Services provides personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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.

The registered manager was currently in the process of de-registering with the CQC. A new manager had been appointed and was in the process of registering.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 5 February and ended on 7 February. We visited the office location on 5 February to see the manager and office staff; and to review care records and policies and procedures.

What we did: We reviewed information we hold about the service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and spoke with

other professionals who work with the service. We assessed the information providers send to us at least once annually 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.

We visited three people who used the service and spoke with two relatives. In addition, we spoke with five members of staff including the provider, manager, operations, compliance and training manager, quality officer and support worker. We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files and records relating to the management of the service. Following the inspection, the provider sent us examples of updated care plans, which detailed peoples required needs in a person-centred way.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People told us they felt safe when receiving care and support. Comments included, "I know I'm in good hands" and "It's nice to go out and feel safe with the carers."
- Staff were trained and understood what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management.

- Environment risk assessments identified risks to people within their own home. The service was developing records to ensure they contained appropriate risk assessments to people in line with their care plans. An action plan identified there was a shortfall in the level of details recorded and the management team were in the process of creating a new format to ensure the correct information was recorded .
- Staff had clear understandings of risks to people and provided support in a pro-active way to reduce these risks.

Staffing and recruitment.

- There were enough staff available to meet people's needs.
- Safe recruitment procedures were followed which ensured people were supported by staff that were of a suitable character.

Using medicines safely.

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection.

- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong.

- Incidents were monitored and used as learning opportunities and communicated to the whole staff team.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed training in equality and diversity and were committed to ensuring people's diverse needs were met.
- Assessment of people's needs was completed to ensure an appropriate service was being provided for them.
- Care plans and risk assessments completed provided staff with information to meet people's basic care needs. Some of these lacked details. For example, Staff were able to tell us how people liked to communicate but we did not see communication plans in place to record this. This was being addressed at the time of the inspection.

Staff support: induction, training, skills and experience.

- Staff had completed a comprehensive induction and received regular training to support them to fulfil their role.
- Staff told us they were supported by the management team, who completed regular supervisions meetings and competency checks.
- People felt staff were well trained. One person told us, "The staff are well trained to meet my specific needs."

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

- Care plans detailed peoples likes, dislikes and equipment required to support to consume food and fluids.
- People told us staff supported them to access appropriate meals and drinks. People were supported on shopping trips to local supermarkets and encouraged to make their own choices, whilst being encouraged to eat healthily. One person told us "It's important to me now to eat healthy and the staff have helped me to do this., I now eat fresh food every day."

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

- People told us staff usually arrived on time for their calls. One person said, "They are usually here on time, but if they are running behind, someone contacts us to let us know."
- Staff supported people to access healthcare professionals such as GPs, community nurses and dietitians, to ensure they maintained healthy lifestyles and wellbeing.
- Staff understood people's health needs and knew how to access additional support. The service offered to support people and their families to attend healthcare appointments.

Adapting service, design, decoration to meet people's needs.

- The service was flexible to meet people's changing needs. Where people cancelled calls, or required extra calls or support, this was accommodated.

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 Act 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Consent had been obtained and recorded for all areas of care delivery.
- The service ensured that people were involved in decisions about their care. One person told us, "I have been involved in everything from the word go and made all the decisions about my support needs."



# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives were consistently positive about the caring attitude of the staff. Comments included, "Staff are right good quality, they are 110 percent fantastic", "Some are cheeky, and I like that, they are brilliant" and "They are excellent, and they always do that little bit extra."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff completed equality and diversity training and understood people's diverse needs.
- People were supported by a consistent team of staff who knew them well including their likes, dislikes and preferences.

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

- People were involved in planning areas of care delivery. Contact with people's relatives was maintained to keep them informed of their relative's wellbeing.
- All staff demonstrated a good knowledge of people's personalities, and individual needs, and what was important to them.
- People were supported to live according to their wishes and values; they had access to advocacy support as needed. An advocate acts to speak on a person's behalf to make sure their views and wishes are known.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to be as independent as possible. One person told us, "The staff have really supported me to regain my confidence in going out."
- People were treated with dignity and respect. Staff spoke in a polite and caring way and showed patience when supporting people.
- People were valued by the service. Effective communications between the management team, and staff supported people to be confident to speak about their feelings.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff knew people and their needs well. Staff spent time with people and their relatives to find out what was important to them.
- People were supported to attend services and groups within the local community.
- Staff understood the importance of supporting people to be socially included which helped them from becoming isolated. Staff were aware of activities and hobbies people enjoyed and often supporting them to attend such events.
- Support was provided in a person-centred way. Care plans were being developed to reflect the person-centred knowledge that staff had about people.
- Information was presented to people in a way they could understand, as required by the accessible information standard.

Improving care quality in response to complaints or concerns.

- All people had a complaints procedure given to them upon starting with the service which was kept in their home.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately. Comments included, "Never had to make a complaint because they are so wonderful" and "There's no reason for me to complain but if I did I am confident it would be dealt with straight away."
- Where complaints had been made, they were responded to in line with provider's policy.

End of life care and support.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Where appropriate people's end of life care preferences were recorded in their care plan. This provided staff with information to ensure their wishes would be respected at this time in their lives.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and their relatives spoke positively about the provider and management team. Comments included, "I know them well, they are fantastic", "They come and see me and make sure I am happy with everything" and "They are very good, nothing is too much trouble."
- People told us the provider was always available and fully involved within the service.
- The provider and management team knew people and their relatives well and demonstrated a positive culture that promoted a high standard of person centred care and support.
- Staff felt supported by the provider and management team and received regular supervisions and staff meetings to promote their development.

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

- The management team understood their legal responsibilities.
- Where internal audits identified any concerns or trends, action plans were put in place to ensure improvements were made. Where improvements were needed this was communicated to the staff team.

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

- Staff were happy in their work. They demonstrated a passion for delivering person centred care to people and were clear about the provider's vision and values.
- Senior managers met with people and relatives frequently to complete spot checks and obtain feedback to continuously improve the service.

Continuous learning and improving care.

- Systems had identified improvements were required with regards to the information recorded in people's care plans and risk assessments. The management team were working with staff to ensure details of people's specific needs were thoroughly recorded.
- Staff were focused on developing their skills. The provider demonstrated an open and positive approach to learning and development.

Working in partnership with others.

- The service promoted links with key organisations in the local community to maintain independence and wellbeing for people.

