

SQ Carers Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: SQ Carers Limited is registered to provide personal care to people living in their own homes, including older people and people living with dementia. At the time of our inspection visit, the service supported 21 people.

People's experience of using this service:

We last inspected SQ Carers Limited in May 2018 when we rated the service as 'Requires Improvement' in Safe, Caring, Responsive and Well Led, together with a breach of the regulations. At this inspection we found key questions of 'Safe', 'Responsive' and 'Well-led' remain 'Requires Improvement' and there are continuing breaches of the regulations, with one new breach.

The registered manager and compliance manager completed regular audits and checks on the quality of the service. However, shortfalls found at this and the previous inspection in May 2018, had still not been addressed.

The registered manager had not ensured they had effective systems to manage care calls and call timings, to people's preferred choices. Their action plan following the last inspection said this would be rectified by 2 July 2018, however, improvements were not made. Most people continued to tell us they did not receive their care calls when they wanted. People knew what to do if they had a concern or complaint, but in two cases, people said when they had raised concerns about the call timings, nothing had changed. They did not feel listened to or that their opinions mattered.

There was a system in place to manage risks associated with people's care needs, however some assessments did not always provide staff with consistent information to manage those risks. In addition to this, staff were not consistent in their recording and monitoring of some people's needs. There was a potential for changes in people's physical and emotional wellbeing not be identified.

Safe recruitment policies were not followed. Five out of six staff recruitment files failed to evidence necessary employment checks on people's character, fitness and ability to support vulnerable people, because they were not completed. The provider failed to follow their own recruitment policies and procedures.

People said they were confident in the staff's skills and abilities to look after them and keep them safe.

People's needs were assessed before they started using the service to make sure staff could deliver the care that they needed. People and relatives said they had agreed to the care and support they received. Care plans were not all up to date and did not include person-centred information.

Most people and relatives said staff were kind, compassionate and caring and took their time to carry out their duties and did not rush. However, some people said staff had limited time with them and when

concerns had been raised, they felt no action had been taken to reduce their anxieties.

Most people self-administered their medicines or had relatives to help them. Where staff supported with medicines, records showed risks of error were kept to a minimum.

People were supported people to access health care professionals when they needed them. The staff worked with other agencies to provide joined up care.

Staff followed safe infection control practices.

Care and support was given in line with legislation and guidance, such as following the principles of the Mental Capacity Act 2005. People's personal information was still accessible on staff's personal mobile telephones, although less information limited potential for unwanted sharing of personal information.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 17 Regulated Activities Regulations 2014 - Good governance

Regulation 19 Regulated Activities Regulations 2014 – Fit and proper persons employed.

Rating at last inspection: Requires Improvement (The last report was published on 16 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection on 16 May 2018 where we found the provider was in breach of Regulation 17 of the Health and Social Care Act, (Regulated Activity) Regulations 2014, (Good Governance). We returned to do a comprehensive inspection to follow up on this breach and to ensure, the provider had improved other areas of their service to at least Good. At this inspection, we found the provider continued to be in breach of the regulations which had a negative impact on other key areas of their service.

Enforcement (include only where applicable): Action we told provider to take (refer to end of full report).

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.

For more details, please see the full report which is on the CQC 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always responsive

Details are in our Responsive 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 ●

SQ Carers Limited

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 carried out this inspection.

Service and service type: SQ Carers Limited provides a domiciliary care service to people in their own homes. CQC only regulates the personal care provided.

The service had a manager 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:

We gave the service 24 hours' notice of the inspection site visit because it is small and the manager maybe 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 23 May 2019 and was concluded on 29 May 2019. On 23 May 2019 we visited the office location to speak with the registered manager, compliance manager and two care staff to review care records, policies and procedures and how they supported people who used the service. On 29 May 2019 we spoke on the telephone with one person and three relatives of those who received support with personal care. We spoke with two additional care staff members who provided care and support.

During our inspection office visit we reviewed a range of records including staff recruitment files, five people's care records, and records relating to the management of the service. These included systems for recruiting staff, staff practice, complaints, call schedules and the provider's checks on the quality of care provided that assured them they delivered the best service they could.

What we did:

We reviewed information we had received about the service since the last inspection. This can include details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). Providers are required to complete a Provider Information Return. A PIR is information providers send us to give us key information about the service, what it does well and improvements they plan to make. Because this was a return inspection, we did not request another PIR. Since the last inspection, the provider sent us an action plan, so we checked their plan to make sure they had taken the right steps to become compliant with the regulations.

Is the service safe?

Our findings

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

RI: 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. Regulations were not met.

Staffing and recruitment; Learning lessons when things go wrong;

- At our last inspection we found management of call timings and when staff visited people in line with their preferred times, was not always supportive to meet people's requirements. The provider told us in their action plan, systems would be implemented to improve this. At this inspection we found systems were not implemented and people and relatives continued to tell us calls were not at their preferred times. Comments people made were, "If they keep being late - I will leave" and "They rely on two or three car drivers and if they don't work -- it all slows down and falls apart."
- The registered manager was aware care calls continued to be late. They had not followed their action plan and had not introduced measures to monitor and manage care calls more effectively. The registered manager told us they planned to have a system in place and although it was not yet operational, limited actions resulted in improvements to people's call times.
- The provider's recruitment process did not ensure staff were suitable for their roles in line with the requirements for employers in health and social care.
- We reviewed six staff recruitment files and found the provider failed to follow their own recruitment policy to help keep people protected from staff who may not be suitable. We found four staff did not have suitable criminal record checks completed before they started working with people. Some of these staff worked alone with people. We found three staff members failed to have the required references on file. In one file, there was a negative reference, which did not endorse the staff member was of good character. Following our visit, we sought further information from the provider, so they could tell us how they would keep people safe.

These shortfalls represent a breach of Regulation 19 of the HSCA (Regulated Activities) Regulations 2014. Fit and proper persons employed.

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

- People and relatives told us they felt assured their family member was safe. One relative said, "Yes- they are excellent friendly staff who know what to do." Relatives had no concerns when staff came into their family members home to care for them.
- All staff understood how to support people to keep them safe and how to escalate any concerns people were at risk. Staff said they had not seen or heard of any concerns that placed people at risk of harm. A typical comment was, "I would tell the manager, whistle blow and tell you (CQC)."

Assessing risk, safety monitoring and management;

- Individual risks to people were not clearly identified to guide staff as to the actions they needed to take to help them manage and mitigate risk. For example, staff supported people with catheter care. Staff described

to us what they needed to do, such as changing day and night bags. However, risks assessments did not always record what they needed to check and record, such as how to identify a potential blockage, urinary tract infection or low outputs. Some daily records failed to record outputs. One relative told us records for outputs were inconsistent and their family member was prone to urine infections. The compliance manager told us they were reviewing all care files and acknowledged this remained a work in progress.

Using medicines safely;

- Everyone we spoke with told us staff or their relative managed their medicines for them. Regular checks were completed by the compliance manager to ensure when medicines were given, they were done so safely. The compliance manager said staff were trained and assessed 'competent' to give medicines safely.

Preventing and controlling infection;

- People said staff wore personal protective equipment when personal care given. Staff understood and followed safe infection control guidelines. Staff had access to and used gloves and knew when to use to minimise risk of infection.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Assessing people's needs and choices;

- People's needs were assessed before they were provided with a service. Assessments included people's care and support needs, personal preferences and how and when they wanted their care delivered.

Staff support: induction, training, skills and experience;

- Staff said they felt trained and equipped to support those people they cared for. Inductions for new staff involved working with more experienced staff members. The registered manager used a training schedule to make sure refresher training was updated. Some staff said other care staff had trained them to carry out certain health tasks, for example, how to support a person with catheter care. However, the providers records showed the staff leading the training were not trained themselves. In some cases, district nurses showed staff how to do health tasks, but this was not always recorded. The registered manager agreed to record this more closely.

- People and relatives felt staff knew what to do to support people effectively. One relative said staff knew what to do when transferring their family member. They said, "They roll them onto their side – they are comfortable." This relative had no concerns that staff were not suitably trained.

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

- Most people got their own food and drinks or had relatives to help provide them. Where staff helped, they prepared meals in line with people's choices and made sure people had fluids in between care calls.

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

- Relatives said whenever health care support or advice was needed, there was good communication with care staff. Relatives were mainly responsible for booking appointments but if this was not possible, care staff contacted the office staff to inform them of changes in people's health, so further interventions could be sought.

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

- People were supported in their homes and people planned their own accommodation needs around the support they needed. Specialist equipment helped people and staff to carry out their support needs effectively, such as shower chairs, walking aids and specialist beds.

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

- People had access to the healthcare they required and were supported to access healthcare services, such as their GP and district nurses. One staff member told us how they looked for signs of depression and

referred people to the GP.

- People and relatives spoke positively about the healthcare support they received. One relative said, "They always keep me updated if there are any changes."

Ensuring consent to care and treatment in line with law and guidance; Delivering care in line with standards, guidance and the law

- 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. We checked whether the service was working within the principles of the MCA.

- The registered manager and staff understood their responsibilities under the Act and knew who to contact if they had concerns about a person's capacity.

- Most people using the service made daily decisions for themselves, or with the support from relatives and prompts from staff.

- Staff sought consent before any care interventions were given. Staff said if people lacked capacity, decisions would be made in the person's best interest. Staff understood consent was an important aspect of care and always involved the person in any decisions. Staff used this to involve people as a way of helping promote their independence.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

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

- At the last inspection, we rated this requires improvement because everyone told us calls were late, missed or completed without any consideration to their needs. At this inspection, there were no missed calls. Some people felt call times had improved whilst others felt there was still room for improvement.
- People and relatives were complimentary about their care. One relative said, "Can't fault it - embarrassment of having care - getting over it - and every time, having a laugh and joke, can't fault them." They told us their family member, 'Loves them'. Another relative said they could tell their family member was treated well and respected. They said, "It's their caring attitude - if (person) is feeling down, they ask them, they are pleasant – I can tell from the conversation."
- People said staff respected their preferred ways of doing things and staff worked to accommodate their wishes.

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

- Relatives said they were kept informed and involved in care decisions and care planning. People said they were asked for feedback about the service and what could be improved. Some people had not always told office staff about the lateness of their care calls, so shared this with us to feedback, which we did. Most people and relatives said, when care was provided it was to their satisfaction.
- Staff told us they treated people well and always stayed to make sure people's care needs were met even if calls were made later than planned. One staff member said, "We gain confidence, we seek consent. If they have capacity - we ask, and I act on their best interests, to make their decisions as best as possible."

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

- Staff described how they respected people's privacy and dignity. For example, one staff member told us, "I make sure I close doors and curtains and I tell them what I am doing and ask if it is okay."
- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions, involving them when staff did things with them and encouraging them to do as much for themselves as possible, such as preparing their meals and drinks.
- Last time we found people's important and sensitive information was not always treated confidentially. This time we found although staff still accessed people's care calls on their own mobile phone, restricted information meant people's data was more secure and limited potential concerns if unauthorised access was gained. One staff member told us how they used a restricted electronic system to share sensitive information with other staff.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

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

- Personalised care was not always provided when people wanted it because call times continued to be an issue for some people. As identified at the last inspection and at this inspection, call times continued to fall outside of people's preferred times. One person explained to us how this had begun to affect the integrity of their skin. The registered manager sent us information following our visit that showed this person wanted a later morning call and staff were providing support to manage their skin integrity. We recommended they reviewed this person's care with them to ensure it continued to meet their needs.

- A relative said they were pleased with the care but inconsistencies in the morning call, affected how they planned their day. They said, "We are both up at 7.30am, we are hanging about. It gets late for what we want to plan. If timings were better -than we would be okay." They said if it got too late – their relative got themselves washed and dressed by doing it themselves.

- Care records for each person were kept in people's homes, although not all records were available in the office. Some risk assessments and care plans did not always compliment each other, for example, for people at risk of falling. The falls care plan provided generalised and nonspecific personal information to help keep people safe. We recommended they were combined, and risk scores made clearer, to show if people's needs had changed.

- A relative spoke positively about the care provided and described staff as "Very Good, far better than those we have used from other services." However, they too, also shared frustrations with the care times. They said because they were so inconsistent and later than preferred, "We cannot get on with our day."

- The compliance manager and registered manager recently completed observed practices to ensure staff provided the right care, but also to make sure staff arrived when needed. Records of observed practices recorded people were unhappy, but there was limited or no evidence to show, what actions had been taken to improve some people's experiences.

- Relatives said staff could be trusted and they knew what to do, to help provide the care and support people needed. Most people and relatives said staff were consistent, so knew how they liked their care delivered. Where double up calls were needed, the same staff team completed the call. Staff said this worked well.

Improving care quality in response to complaints or concerns;

- Overall, people and relatives knew how to raise complaints and concerns but did not always feel confident to do so. For example, one person told us they had raised a complaint about call times but felt no action was taken. They said, "They are late, and they have still not done anything. (Name) fobbed me off." One relative said they had raised concerns and were disappointed with how their complaint was handled.

- Records showed a complaint had been received in March 2019 related to call times. In response, a visit was made, and records showed calls were and continued to be late, with no resolution to the person's complaint. This showed actions were not always taken to resolve people's concerns about the service they received.

End of life care and support;

- At the time of our inspection, nobody was receiving end of life care. However, the registered manager explained that if this was required the service would liaise with other healthcare professionals to ensure people received the right care and support.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At our last inspection we found quality assurance within the service required improvement. At this inspection we found the required improvement had not been made and this continued to impact on the safety and responsiveness of the care people received.
- The registered manager had not followed their own CQC action plan regarding improvements, such as introducing more effective care call management systems and improving their systems of audits. Where audits had been introduced to seek people's feedback, negative feedback about care calls continued to be made and a lack of positive action meant calls continued to impact negatively on people's overall wellbeing and routines.
- The registered manager failed to follow their own policies for safe staff recruitment. Checklists designed to ensure all recruitment checks were completed, were not followed. This put people at risk of receiving care and support from staff, who may not be suitable. Where criminal record checks were not provided, or negative character references were supplied, there was no management or risk assessment of the potential risk to people.
- The registered manager had failed to learn from our previous inspections of the service and similar issues were identified during this inspection.

These shortfalls represent a continuing breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

- Despite these challenges, overall people spoke positively about the service. Two people said the care their relative received was much better than other care providers and relatives felt confident, their relative received the care they needed. Staff were complimentary of the registered manager, describing them as, "Lovely", "Approachable and happy to help."
- Changes within the staff team had begun to improve some aspects of the service, such as making sure they employed staff who wanted to care for people and work with people.
- The registered manager felt the newly appointed compliance manager would help improve audits and compliance. They also shared examples with us about how they had to let staff go who did not share their values. The registered manager recognised there was still work to do and said they needed support to help them manage the business, which they were putting in place. The registered manager said, "Some staff took my caring nature as a sign of weakness".

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

- The management team visited people during care calls to gather people's and relative's views on the service.
- We saw the service had received compliments. One compliment said about staff, '100% happy and we would not change anything'.
- Staff attended staff meetings that covered training, updates regarding the service and people's care packages.

Continuous learning and improving care; Working in partnership with others;

- There was limited evidence of this. The registered manager assured us changes to how they managed care calls and care timings would be implemented by July 2018. They had not done this. New staff had suggested improved ways of working but these had not yet been implemented or embedded within everyday practice.
- At the previous inspection in May 2018 we recommended the registered manager join a professional network for registered managers or providers to help them to share good practices and ideas, so they felt more confident to drive and sustain improvements. This had not been done. The registered manager felt introducing a compliance manager to the service would help them to manage the service more effectively.
- Communication within the service had improved, staff told us they were working better as a team of care staff, and office staff. Working alongside other health professionals continued, such as working with district nurses, who showed staff what to do to help manage people's care and support needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.</p> |

The enforcement action we took:

Impose positive conditions on their registration

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured safe recruitment policies and processes were followed. Important criminal record checks and references had not been completed which had potential to place people at unnecessary risk.</p> |

The enforcement action we took:

Impose positive conditions on their registration