

Sincerity Home Care Services Limited

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

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 51 people receiving personal care and support.

Not everyone who used the service received personal care. 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.

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

People felt safe when receiving support from staff and staff were aware of how to safeguard people from abuse.

Care plans and risk assessments provided staff with information about people's health needs and how to support them safely. However, some risks relating to people health had not been identified and assessed. We have made a recommendation about this.

People, relatives and staff were all positive about their experiences with the service. People told us that they had reliable support that was centred on them and promoted their health and wellbeing.

There were appropriate numbers of staff to support people when required. Systems were in place to prevent and minimise the spread of infections when supporting people.

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.

Staff were supported within their roles and received training to support this. Some training required updating. The provider and management team had identified this and had a plan in place to address areas of training that staff required refreshing.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement. Feedback was sought from people and staff and this was used to make improvements to the service.

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

Rating at last inspection

The last rating for this service was good (published 1 March 2019).

Why we inspected

We received concerns in relation to staff training and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and remains good based on the findings of this inspection.

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?

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.

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. 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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection the manager was not registered with CQC but was in the process of applying for the registered manager status.

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 23 March 2022 and ended on 29 March 2022. We visited the location's

office/service on 23 March 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and five relatives about their experience of the care provided from the service. We spoke with seven members of staff including the provider, the manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records, multiple medication records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and audits and additional evidence to support the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt the service was safe. One person said, "The staff are really excellent and I feel really safe when they are supporting me."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff had access to appropriate training and understood how to raise any concerns about poor practice. Some safeguarding training for staff was overdue: The management team had identified this and taken action to ensure this was brought up to date.

Assessing risk, safety monitoring and management

- Risks to people were recorded, managed appropriately and reviewed on a regular basis. Some risks relating to people's health and wellbeing were not always recorded. This was discussed with the manager who took action to ensure these were implemented.
- Records of the equipment used in people's homes were maintained to ensure it was safe and complied with the necessary safety standards.
- The provider had a business contingency plan which provided guidance in the event of any risk situations for example, COVID-19 infections and staffing shortages.

Staffing and recruitment

- There was enough staff to meet people's needs. Contingency plans were in place to address staff shortfalls.
- People told us staff always arrived on time, comments included, "They are always on time and if they [staff] are going to be late they always let us know. This is rare though" and "Staff usually arrive on time, if they are late, they let me know."
- Safe recruitment processes were in place. Some information regarding staff recruitment was missing. This had been identified by the management team and action to address this was in place and clearly recorded.

Using medicines safely

- Medicines were managed safely. Records showed people received their medicines as prescribed.
- Regular checks of medicines administration records were completed and where errors were identified, action to prevent reoccurrence.

Preventing and controlling infection

- Staff told us and people confirmed staff wore Personal Protective Equipment (PPE) including gloves, face

masks and aprons when supporting people and providing care. One person told us, "The staff always wear PPE and are really on top of things regarding the COVID-19 pandemic."

- The provider ensured staff followed the correct COVID-19 testing guidance and all results were recorded.
- Staff confirmed they had received training and information around controlling and preventing the risk of infections, including those of COVID-19. The registered manager and senior staff undertook competency checks to ensure all staff were compliant with current guidance and followed safe practices in protecting people from the risk of infections.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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:
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences. However, some people's health needs did not have a care plan or risk assessment in place. For example, where people required or received specialised diets and fluids there were no clear records to support this.

We recommend the provider consider current guidance on assessing risks to people alongside their current care plans and risk assessments and take action to update their practice accordingly.

- Spot checks were carried out on staff and feedback was sought from people and relatives to ensure staff were providing people's care safely and in line with their needs, wishes and relevant guidance.
- People and relatives confirmed they had been involved in assessments and care planning.

Staff support: induction, training, skills and experience

- Staff completed an induction and ongoing training to support them in their roles. Some areas of training were overdue, the management team had a clear plan in place to bring this back up to date.
- Staff felt very well supported and had regular supervisions. One staff member commented, "The office staff and management are always really supportive and fair with staff. They been really good in terms of how they have managed COVID-19."
- People and relatives felt staff had the skills and knowledge they needed to meet their needs.

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

- People received responsive support from staff regarding their health needs. Daily care records showed staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.
- The provider was flexible with rotas to support people to attend appointments if required. One relative told us, "The openness and communication I have with them [the provider] is really good. They work with me really well. If [service user's name] has a hospital appointment, they change calls around to support this."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- People and relatives told us staff always sought consent and consulted with people before providing care and support. Comments included "Staff are really respectful and always ask me before starting anything" and "Staff are very good and provide the care that I wish to have."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives expressed confidence that the service was well run. We received comments such as, "The service is great, it works really well for us and it's not just that they care for my wife they look after me also", "I am so lucky to have this service and couldn't manage without them" and "The service is remarkable, always on time, never any issues, never had a call to say they can't come, really lovely people and the carers are lovely. I can't speak highly enough of them."
- The management team and staff were motivated to provide the best possible person-centred care and support for people. They had identified shortfalls with staff training and taken a pro-active approach to resolve this as quickly as possible.
- There was visible and capable leadership at all levels within the service. The provider and management team worked directly with people and led by example. They were knowledgeable about people's needs and preferences and developed positive relationships.

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

- Systems and processes to monitor the quality of the service were in place. These 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.
- Staff told us they felt well supported and praised the managers of the service. One staff member told us, "We are really supported, professionally and personally and it is a good company to work for."

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; Continuous learning and improving care

- The provider knew what important events needed to be notified to CQC and understood they were required to be open and honest in the event of something going wrong with people's care.
- Opportunities to reflect on practice were undertaken and lessons learnt were shared with staff.

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

- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People were encouraged share their views on what they thought about the care offered through surveys

and informal discussions. We saw the feedback from people on completed surveys was positive.

- The service worked closely with other agencies to ensure good outcomes for people.