Sincere Care Ltd

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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

This inspection took place on the 17 July 2018 and was announced. At the previous inspection of this service in September 2016 we found two breaches of regulations. This was because the registered manager had not undertaken training about safeguarding adults and risk assessments were of a poor standard in relation to the moving and handling of people. During this inspection we found both these issues had been addressed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, older people, people with learning disabilities and on the autistic spectrum, people with physical disabilities and sensory impairments. Fifty-five people were using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures had been implemented and staff understood how to respond to allegations of abuse. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. The provider had taken steps to learn from issues of concern. Medicines were managed safely.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training and supervision to support them in their role and undertook an induction programme upon commencing employment. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People were able to choose what they ate and drank. The service worked with other agencies to help ensure people's needs were met.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity. Steps had been taken to promote people's right to confidentiality. The service sought to meet people's needs in relation to equality and diversity issues.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint. Where people required support with end of life care this had been provided appropriately.

Staff and people spoke positively about the senior staff at the service. Systems were in place to monitor the quality and safety of support provided. Some of these included seeking the views of people who used the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments had been developed which provided information about how to support people in a safe manner.

The service had enough staff to support people and robust staff recruitment procedures were followed.

Medicines were managed in a safe way and the service had taken steps reduce the risk of the spread of infection.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

Sincere Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 July 2018 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents or events the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with four people and nine relatives by telephone. We interviewed the care manager, care coordinator and a care assistant in person on the day of inspection and spoke with two further care assistants by telephone after our site visit. We examined six sets of records relating to people, including care plans, risk assessments and medicine records. We reviewed minutes of staff meetings and checked the quality assurance systems in place. We read various policies and procedures. We looked at the recruitment, training and supervision records for six staff.

Good

Is the service safe?

Our findings

At the previous inspection of this service in September 2016 we found they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager had not undertaken training about safeguarding adults. During this inspection we found this issue had been addressed.

Records showed the registered manager had undertaken training about safeguarding adults, as had other staff. Staff were knowledgeable about their responsibility for reporting allegations of abuse. One staff member told us, "I have to report it to the manager if there is anything." Another staff member said, "If we have reason to be concerned we have to report it to social services and CQC [Care Quality Commission] have to be informed as well."

Policies were in place to help protect people, including safeguarding adults, whistle blowing and financial protection policies. Where there had been allegations of abuse since our previous inspection these had been responded to in line with the policies.

Systems were in place to help protect people from the risk of financial abuse. Staff were not permitted to accept gifts from people or be involved in drawing up of or be the beneficiary of a person's will. Some people required support with shopping as part of their care package. Where this was done staff recorded what they had spent and both the staff member and the person signed these records. Receipts were also provided for the person. A relative said, "If [relative] runs out of something they will ask the carer to pick up something. Receipts are given, I trust the carers with the money given." These systems helped to reduce the risk of financial abuse.

At the previous inspection we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risk assessments in relation to moving and handling were not fit for purpose. During this inspection we found this issue had been addressed.

Detailed risk assessments have been developed that set out the level of risk each person faced. They also include clear guidance to staff on what action to take to mitigate risks and to make people safe when they are being supported with moving and handling tasks. For example, the risk assessment for one person stated, "One carer should stand at each side of the bed. Please pull the bed out to ensure there is enough room to manoeuvre. Adjust the height of the bed to suit both carers to avoid stooping. Gently roll service user to the other carer to gain access to their back. If the carer holding the client feels tired they should let the other carer know and gently lie service user on their ack so the carer can have a breather." The risk assessment carried on in this fashion, providing step by step instructions to support the person in a safe manner. A relative told us, "The way they handle [relative], I think it's safe and they know what they're doing. I have had other carers from another agency and they weren't as good as this lot."

Risk assessments were also in place for other areas including hazardous substances, medicines, fire and the physical environment.

People told us they felt safe using the service. A relative said, "Yes I do. My [relative] has complex needs and he's found it difficult to trust people; he actively looks forward to the carer coming in everyday, so I believe he is not in a threatening situation. I am sure he feels safe." Another relative said, "I see [relative] every day and they always seems happy, clean, bright and sparkly. I would know if they weren't safe."

Staff told us they had enough time to get from one client to the next in order to be on time. The care coordinator with responsibility for the staff rota told us they gave staff visits to people who lived geographically close to each other in order to cut down on travelling time between visits. A member of staff said, "Whenever they give you your jobs, they give you clients who are close to each other, so you don't have to travel far to get to each client."

Robust staff recruitment practices were in place. Staff told us that checks were carried out before they commenced working at the service. One staff member said, "Yes, they did DBS and references as well." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed that checks were carried out on prospective staff, including criminal record checks, employment references, proof of identification and a record of staff's past employment history. This meant the service had taken steps to help ensure suitable staff were employed.

Medicines were managed safely. A relative told us, "They support with meds and it's done safely." Where people required support to take their medicines this was recorded on medicine administration record charts. These included the name, strength, time and dose of each medicine given and staff signed after each individual administration. Completed medicine charts were returned to the office. We checked a sample and found them to be accurate and up to date. The care manager told us they were checked by a senior member of staff, however, this was not recorded. We discussed this with the care coordinator who said they would address the issue. After our inspection they sent us a copy of the medicine record audit tool they had developed and implemented.

The service had policies in place about reducing the risk of the spread of infection. These included the expectation that staff wore protective clothing such as gloves and aprons whilst providing personal care to people. Staff confirmed they did this. One staff member said, "We have gloves and aprons and shoe covers." We noted there was a good supply of protective clothing in stock at the location's office.

Records of accidents and incidents were maintained so it was possible to monitor any trends so appropriate action could be taken. The care manager told us that when things went wrong action was taken to address this. For example, a member of staff failed to turn up when they were due to see a client. There had been a failure in communication between the staff member and the office which meant the staff member was not aware they were supposed to be working with that particular person. Subsequently, the service changed the way they communicated the rota to staff which included staff confirming they had received it. The local authority carried out a monitoring visit of the service in March 2018. At that visit they identified the service was not always keeping records of staff one to one supervision meeting. The care manager told us they had subsequently started keeping supervision records and we saw evidence of this.

Good

Is the service effective?

Our findings

People told us the service provided effective support. A relative said, "They're mature carers and they let [relative] be for a little while, and then they go back to them, they're understanding of their condition." Another relative said, "They're well matched and [relative] looks forward to the carers coming in."

People's needs were assessed prior to the provision of care. This was to determine what their needs were and if the service was able to meet them. The care manager told us they involved people, their relatives and other professionals in the assessment process to get a full picture of the person's needs and records confirmed this.

Staff were supported to develop skills and knowledge through regular training. New staff undertook an induction training programme on commencing work at the service. This included classroom based training, shadowing experienced staff to learn how to support individuals and completion of the Care Certificate. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector. Staff received on-going training. Records showed this included training about moving and handling, safeguarding adults, fire safety and health and safety. Staff also had regular one to one supervision with a senior member of staff. One staff member said of their supervision, "They ask you if you have any challenges, if there is anything you want the office to know."

If people required support with meal preparation and eating this was detailed in their care plans. Staff told us they always offered people a choice about what they ate and drank. One staff member said, "I go to the fridge and give them options. I show them two or three things." Care plans corroborated that people were to be offered choices about what they ate. The care plan for one person stated, "Ask [person] what they would like for breakfast, lunch and tea."

The service worked with other agencies to promote the health, safety and wellbeing of people. Where there was a need, the service made referrals to appropriate agencies such as the district nursing service and occupational therapy. Care plans included contact details of people's relatives and GP's so they could be contacted in case of need and staff were knowledgeable about what to do if a person was unwell.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The care manager told us the service did not carry out mental capacity assessments itself, this was done by the local authority. Staff told us they supported people to make choices about their daily lives, and where they lacked capacity to do so family members were involved in supporting people with decision making. One staff member said, "Obviously I respect their choices, I ask them what they want, I never give them anything they don't want." A relative told us, "[Relative] tells them what they want them to do and they abide by what they need."

Good

Is the service caring?

Our findings

People told us staff treated them in a caring and respectful way. One relative told us, "My [relative] has complex needs and has found it difficult to trust people, but they actively look forward to the carer coming in every day." Another relative told us, "They've managed to build a relationship with [relative] which is not an easy task."

Care plans included information about people's life history, such as where they grew up, their employment and family. This helped staff to get a full picture of the person which in turn helped them to build good relations with them. The care coordinator told us they sought to provide people with the same regular care staff. They said where the regular staff member was not available they tried to supply a replacement staff member who had previously worked with the person. This meant people were supported by regular staff who they had gotton to know.

Staff had a good understanding of how to promote people's dignity and privacy. One staff member said, "If we are giving them a bed bath we use a big towel to cover them. Make sure the door is shut and the curtains closed. After washing [person's] top we put on their dress then wash down below." Another member of staff told us, "When I am doing personal care I cover them up and close the doors. Sometimes the family will be there but I have to keep their privacy."

The service also sought to promote people's independence and care plans included information about what people were able to do for themselves. For example, the care plan for one person stated, "[Person] is able to brush their teeth by themselves." A staff member told us how they promoted people to be independent, telling us, "We try to get them to do things themselves. Sometimes they want to wash their private parts and their face and you assist to wash the parts of their body they can't reach." Another staff member said, "We try to get them involved. When I'm doing personal care, I will give them the flannel to wash their face."

People's confidentiality was respected. The service had a policy in place on confidentiality which made clear staff were not permitted to divulge information about people to unauthorised people and staff understood their responsibility regarding this. Confidential records were stored securely in locked cabinets and on password protected computers at the service's office.

People's needs were met regarding equality and diversity issues. For example, people were able to choose the gender of their care staff. Staff wore protective shoe covers when supporting some people so as to respect their religious beliefs. A relative told us, "[Relative] is happy with them and that's the main thing. They're of the same culture, they're more sympathetic towards him." Care plans included details of people's ethnicity and religion.

Good

Is the service responsive?

Our findings

Care plans were in place which set out how to meet people's assessed needs. People told us they were involved in the care planning process. A relative said, "I was involved when the care package was put together." Care plans were personalised around the needs of the individual. For example, the care plan for one person stated, "[Person] is diabetic, please encourage them to have a snack such as cream crackers before bed to avoid hypos during the night." The care plan for another person stated, "[Person] requires assistance when taking a wash. They will sit on the edge of their bed, assist with strip wash on her bed. Before washing ensure [person] is happy with the water temperature. [Person] has dry skin, please gently apply cream to their body." Plans covered needs associated with washing/bathing, hair care, oral hygiene, pressure area care, toileting, moving and handling, eating and medicines. They were subject to regular review which meant they were able to reflect people's needs as they changed over time.

People told us they knew how to complain and said they had faith that any concerns raised would be addressed. One relative said, "I would be happy to make a complaint, and I would be taken seriously." Another relative told us, "I would definitely feel comfortable in making a complaint and I think they would take me seriously."

The service had a complaints procedure in place. Each person was given a copy of this to help make it accessible to them. It included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed that complaints were dealt with in line with the policy and where possible to the satisfaction of the person.

Records of compliments were kept. A relative wrote, "You have fantastic people working for you who made my [relative] feel well loved." Another relative wrote, "[Staff member] is lovely and it helps so much in having them to call upon."

At the time of our inspection we were told the service did not provide care to anyone in need of end of life care. The care manager told us there had been one such person they supported since our previous inspection. We found there was a care plan in place for this person relating to their end of life care needs. Records showed that the service had worked with other agencies, such as Macmillan Nurses to provide the care the person required.

Good

Is the service well-led?

Our findings

People told us they were happy with senior staff and they were contacted by them from time to time. A relative said, "No improvement needed at the moment but they come and see me periodically." Another relative told us, "[Relative] has had a visit from a couple of senior staff."

The service had a registered manager in place. They were supported in the running of the service by a care manager and a care coordinator. The nominated individual, who was also the owner of the business, was also involved in the day to day management of the service. Staff spoke positively of senior staff at the service. One member of staff said of their line manager, "They are always ready to pick up calls and any information you give them they take action. They are very caring, they care about the clients and make the carers [staff] feel comfortable because sometimes the job can be a bit stressful." Another staff member told us there was a good working atmosphere, saying, "Its quite informal and [nominated individual] likes it to be like a family and they do look after us. They like to discuss things and get your opinions."

The service had systems in place for monitoring the quality and safety of support provided. Some of these involved seeking the views of people and their relatives. This included senior staff visiting people to check they were happy with the care provided and telephone monitoring of people.

Staff told us and records confirmed regular staff meetings were held. One staff member said, "We usually do it in sessions because some people will be working, we usually have three sessions. The managers will be there. We discuss about the care and the challenges we face. Things that we have to do and things we are not supposed to do, like going to a client and telling them all your problems."

A senior staff member carried out unannounced spot checks at people's homes to monitor staff. Records showed these looked at staff punctuality, politeness, competence and if they were wearing appropriate clothing. A member of staff said of these spot checks, "Sometimes [care coordinator] will just show up when you are working. They check to make sure you are in your uniform, you have your apron and gloves on, make sure you get there at the right time."

The service worked with other agencies to develop good practice. The care manager told us they had a good working relationship with the commissioning local authority. In addition, the service worked with Skills for Care who had provided advice about issues including staff training and the Mental Capacity Act 2005. The service was also a member of the UK Homecare Association which is a trade body for domiciliary care agencies in the UK.