

Sarahdap Limited

45 The Beeches

Inspection report

45 The Beeches
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27 November 2017
07 December 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Inspection took place over a six-week period between 18 October 2017 and 7 December 2017. There were two people using the service at the time of the inspection.

45 The Beeches is a domiciliary care agency and is registered to provide personal care to people living in their own homes. It provides a service to older people, some of whom may be living with dementia and people living with mental health conditions, and/or a physical disability. It also provides a service to people who are living with learning disabilities and/or autistic spectrum disorder.

The registered manager is also the registered provider. 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.

At this inspection, we found the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Regulation 19 Fit and Proper Persons Employed. The registered manager/provider did not have robust recruitment checks in place as required in Schedule 3, and had not followed their own recruitment policy. This placed people at risk of being supported by unsuitable care workers.

Although there was a quality assurance system in place, it was not effective, as the registered manager/provider had not carried out thorough quality assurance checks such as in the recruitment process and of audits of the service's systems and practices. The service needs to make improvements to its quality assurance systems.

People told us they felt safe with their care workers and they had risk assessments and management plans in place to minimise any risks. They were happy with the care they received and told us the service responded to their needs appropriately. There were sufficient care workers to meet people's needs. People told us that their care workers had never let them down and informed them if they were delayed. We were unable to fully assess the service's medication arrangements as people undertook this task independently. There was a policy and procedure in place and appropriate forms for completion should this change.

Care workers had received training and they told us they had regular supervision. People felt that their care workers knew how to care for them and were kind, caring and respectful. The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA) to ensure that people had as much choice and control over their lives as possible. People currently using the service did not require support with meals or healthcare. However, there were appropriate forms in place to record any support provided including food, fluid and weight monitoring charts.

People's care needs had been holistically assessed and as their needs changed their care plans were

updated to enable care workers to care for them correctly. People were supported to maintain their independence and received personalised care that was responsive to their changing needs. People felt that the service would be responsive to their concerns and complaints and would resolve them to their satisfaction. The registered manager/provider told us they learn from any complaints and make changes to ensure that people received an improved service. Confidential information was stored safely in line with data security standards.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The recruitment process was not robust and may not protect people from being supported by inappropriate staff.

There were safeguarding adults' procedures in place and care workers had been trained.

There were enough care workers to meet the current service user's needs.
Identified risks to people's health and safety had been recorded and managed.

Is the service effective?

Good 

The service was effective.

Care workers received support, supervision and training.

The registered manager/provider and care workers had a good understanding of the Mental Capacity Act 2005.

Is the service caring?

Good 

The service was good.

Care workers were kind, caring and respectful.

People and their relatives were actively involved in decision-making.

People's independence was supported.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and they had been involved in the assessment and care planning process.

There was a complaints process in place and people said they

were confident their complaints would be dealt with appropriately.

Is the service well-led?

The service was not well-led.

The registered manager/provider did not have a clear oversight of the quality of the service. They had not followed their own recruitment policy and had not involved all care workers in staff meetings.

Care workers were not supported to undertake a qualification in care as stated in the service user guide.

There was a quality assurance system in place but there was limited detail in audit reports to show they were effective.

Requires Improvement 

45 The Beeches

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 checked 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.

We inspected the service between 18 October 2017 and 7 December 2017 and the inspection was announced. We gave the service short notice of both site visits on 18 October and 7 December 2017 to ensure that the registered manager was available as they often support the people they care for so may not have been in the office. We made telephone contact with the people who used the service, their relatives and one member of staff on 8 and 21 November 2017. We also visited one person together with their relative on 27 November 2017. Two inspectors carried out the inspection on both 18 October 2017 and 7 December 2017. This was the service's first inspection.

Before the inspection we reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with both people using the service and three of their relatives, two care workers and the registered manager. We also received emails from two care workers telling us about their experience of working for the service. We reviewed two people's care files, four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

The service's recruitment process was not robust. We had received anonymous concerns in June 2017 regarding the service's recruitment process. The registered manager/provider sent us evidence to show that appropriate checks had been carried out at that time. When we visited on 18 October 2017, the registered manager/provider told us there were three care workers in post. We looked at all three staff files and found a number of discrepancies. For example, the application forms had requested five and 10 years employment history only. The registered manager/provider was not aware of the requirement in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to obtain a full employment history to enable them to explore any gaps. The registered manager/provider immediately amended the employment application form to request a full employment history for the future. This showed that care worker's backgrounds had not been fully checked to ensure that they were safe to work with vulnerable people.

The Disclosure and Barring Service checks (DBS) were in place for all three care workers; however, from the dates recorded care workers had started work before the checks had been received. One DBS check was from a previous employer and dated December 2016. The registered manager/provider told us they knew the care worker well so felt they had not needed to check their DBS. A care worker had started work in July 2017 and their DBS check was not received until August 2017. For another care worker there was an ISA First check dated 4 August 2017 advising the registered manager/provider to wait for the full disclosure certificate before making a recruitment decision. There was evidence to show the person was working at the service regardless of the ISA First check instructions. The registered manager/provider told us the care worker was employed as a driver only. They told us, and the care worker confirmed that they supported the main care worker when two care workers were required. During our visit on 7 December 2017, we asked the registered manager/provider for evidence of the driver's authority to drive the service's vehicle for business use. They told us the documents were not available but they would forward them to us by email. The registered manager/provider informed us on 12 December 2017 that the driver had resigned. We reminded them that we still needed sight of the driver's documents as they were employed by the service at the time of our inspection. At the time of writing this report, we had not received them.

The above evidence showed that the registered manager/provider had not followed their recruitment policy. They did not have the information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of all persons employed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when their care workers visited them. One person said, "The care worker I have now is very good and I do feel safe when they are around." Their relative told us, "We have never felt unsafe with any of the care workers. My relative prefers a female to care for them and the service has arranged this. We both feel safe."

There were two references on each of the three employee's files. However, it was not possible to establish if

they were from a previous employer. The information was limited and they had no company stamp or compliment slip to verify their authenticity. On our return site visit on 7 December 2017, we checked the three staff files and one new member of staff's file and found them to be much better organised in appropriate files with a clear index and checklists to show when checks had been made. The registered manager/provider had added email confirmation to show that the references were authentic.

The registered manager/provider had a safeguarding adult's procedure in place and staff had received training in how to safeguard people. One staff member told us, "The DVD training was good and there was a sheet to fill in to check what I knew. I would always ensure people were kept safe. I am a peacemaker and would ensure that any form of abuse was stopped. My first port of call would be to report to the manager and social services. I would not leave until I knew the person was safe." However, we could not assess how well the service dealt with safeguarding issues as none had been raised since their registration.

Risks to people's health and safety had been assessed and there were plans in place that informed staff how the risks were to be managed. People told us staff knew their individual risks and how to manage them. Staff had been trained in first aid and fire safety and they knew to call the emergency services if needed. We saw there were risk assessments in place for falls, skin integrity and moving and handling. There was provision in the care documents to record other risks such as for nutrition and medication. There were also body maps available to record and monitor any skin tears, marks or bruises.

People told us that staff had never let them down. One person said, "It was a bit difficult at first as the man [registered manager] came and I prefer a lady to care for me. It is ok now as I have a really lovely lady. We get on very well." Their relative told us that all the staff were generally on time and would telephone them if there were problems such as traffic delays.

We could not fully assess medication as neither of the people using the service were supported with it. However, there was an appropriate medication policy in place and provision for recording people's medication needs in the care plans. The registered manager/provider was a registered mental health nurse and they told us that they had access to professional guidance such as the British National Formulary (BNF). The BNF is a reference book that contains information, advice and facts about many medicines available in the UK.

People were protected from the risk of infection. They told us that their care worker's wore appropriate protective clothing such as gloves and that they disposed of them before leaving. Staff had received training in infection control and demonstrated an understanding of how to prevent and control infection. There were clear policies, procedures and risk assessments in place for the prevention and control of infection.

Care workers understood their responsibilities to record all safety incidents and near misses. The registered manager/provider monitored accidents and incidents and told us they would analyse the information to share with care workers at staff meetings to ensure that lessons were learnt.

Is the service effective?

Our findings

Care workers told us they felt supported by the registered manager/provider. One care worker told us, "I had proper induction training and was issued an identity badge. The induction included use of policies and procedures, the carers guide, the forms of abuse, the shadowing of competent care workers and emergency procedures for home care staff. I have a supervision agreement and will have supervision monthly, then two monthly and thereafter three monthly." The staff records showed that staff had received supervision. There was evidence to show that care worker's were working towards the care certificate (this replaced the common induction standards). However, no staff had either achieved or been enrolled to obtain a qualification in care.

Care workers told us they had received a wide range of training that was appropriate for their role. The registered manager/provider said that all care workers had practical moving and handling training using a hoist that was available to them. They explained that they borrowed a hoist from a colleague to enable staff to have practical training in the use of equipment. When asked if the registered manager/provider was qualified to carry out this training they confirmed that their training was out of date. However, they have since informed us, and provided evidence that they had undertaken a refresher course to allow them to train others. There were certificates of completion of training on care workers files and the registered manager/provider gave us training lists for all of the care workers.

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. Care workers had received D training in MCA and described how to support a person to make decisions. For example, one care worker said, "I had mental capacity training which taught me about people's rights and best interest decisions and the mental capacity code of practice." One relative said, "They [care workers] always ask for [person's name] consent before they do anything."

People currently using the service did not receive support with meals or healthcare. However, there were appropriate forms in place in the care planning system should this need arise.

Is the service caring?

Our findings

People told us that their care workers were kind and caring. One person said, "All of the care workers we have had have been respectful, kind and caring. They ask me what I want them to do and check it in the book. I am getting to know my new care worker and they are very nice." One relative told us, "I am very happy with the care my relative receives. They do all that they should do and help [person's name] to keep their independence by helping them to walk with their walking frame." Another relative said, "The carer gets on well with [person's name] we have a main carer and another one helps out. The carers do the job well."

People were actively involved in making decisions about their care. They told us that they had been involved in making decisions about their care and support. One person said, "I am kept involved in how I want my care and I ask my relative to explain anything that I am not sure about. The carers do everything that is on my care plan." A relative told us that they were also kept fully involved in their loved one's care. "People said that the service helped them to maintain their independence as much as was possible. The registered manager/provider told us that the two people currently using the service advocated for themselves with support from their families. They said they were looking at local advocacy services to enable them to provide new people wishing to use the service with contact details should they need them."

Is the service responsive?

Our findings

People had received an assessment of their needs. They told us they and their families had been fully involved in the process. The care records had been signed by people's loved ones with their consent. The care plans viewed included information about people's personal history and their likes and dislikes and how they wanted their care to be provided. People and their relatives told us that their care plans met their needs. One person said, "The care plans tell my carer how I want them to provide my care." A relative told us, "The care plans show how my relative wants to be cared for and are checked to make sure they are right." The care plans viewed contained clear information about people's needs including any identified risks. The registered manager/provider informed us that regular reviews would take place to ensure the care plans continued to meet people's needs. Care workers had logged information in them about each visit describing the activities they had carried out.

The registered manager/provider told us they had not received any complaints so we could not assess their practice in this area. However, to enable any future complaints to be monitored and recorded there was a complaints log document in place. The complaints policy contained information about the process for raising any concerns. It included clear timeframes and appropriate contact details. Care workers were aware of the complaints procedure and how to apply it. People told us they would be confident in raising any concerns. The registered manager/provider told us they would use the outcome of any complaints as an opportunity to learn from them and help to improve the service.

Is the service well-led?

Our findings

This was the service's first inspection since becoming operational in May 2017. We were aware that anonymous concerns had been raised regarding the service's recruitment process in June 2017. We asked the service to respond to the allegation and provide evidence of appropriate recruitment checks being carried out. The registered manager/provider responded and gave us the evidence we required so we came to the conclusion that they appeared to be following the correct recruitment practice. We informed the registered manager/provider that we would follow this up at their first inspection. During this inspection, we found that the service had not followed its own recruitment policy and had not carried out all of the appropriate checks as required in legislation and improvements were needed.

The staff meeting minutes for the last three meetings were viewed. The agenda items were uniform, staff forum, timesheets and feedback from staff. There was limited detail of the discussions that had taken place and we could see that the same two staff had attended the meetings. There was no evidence to show that the other staff member had been involved in the meetings or had read the notes. This meant that other staff may not be fully aware of the discussions therefore their views will not be heard.

The service user guide stated that all staff would undertake the common induction standards and the National Vocational Qualification (NVQ) level 2 in health and social care within six months of starting work for the company. Although there was evidence of staff working on the care certificate (which replaces the common induction standards) there was no evidence to suggest staff were working towards or enrolled on an NVQ.

The registered manager is also the registered provider. Care workers told us they felt supported. They said they had received supervision and had staff meetings where they were able to discuss any issues relating to their work. They told us the registered manager/provider was available by telephone if they needed any support or guidance to do their work.

We were unable to fully assess the service's quality assurance system, as the registered manager/provider had not yet undertaken any audits of its systems. However, they had carried out a spot check but the information in it was limited. It did not show the name of the care worker who was being spot checked and it did not provide sufficient detail of what was being checked. A spot check is the registered managers/provider's method of checking care worker's practice to ensure they are following the care plan. There was a quality assurance policy and procedure in place. The registered manager/provider told us that they intended to carry out regular checks to enable them to monitor the service and to make improvements. There were clear whistle blowing, safeguarding and complaints procedures in place. Care workers told us they were confident in using them if necessary.

People's personal records were stored in a locked cabinet in a locked office when not in use but were accessible when needed. Care workers had received training in handling information, the principles of care and confidentiality and communication. There were policies and procedures in place for dealing with confidential data.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered manager/provider had not carried out all the appropriate pre-employment checks as specified in Schedule 3. They had employed care workers without knowing a full employment history and prior to Disclosure and Barring (DBS) checks being completed.</p>