

# St Gregory's Homecare Limited

## Suite 4, Jason House

### Inspection report

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Date of inspection visit:  
23 November 2021

Date of publication:  
10 February 2022

### Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Suite 4, Jason House is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection 10 people were using the service. 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 the service and what we found

We were not assured people had their medicines at the correct times. We found medication administration records (MARs) were not accurate. We also found visits were not always on time.

We observed staff sharing computer log in details which could compromise record security. There was a lack of oversight of staff training.

People told us they felt safe with staff visiting their homes. There were systems in place to recognise and respond to any allegations of abuse. All risk assessments were person centred to reflect people's individual needs.

Staff were aware of infection control practices in relation to the latest COVID-19 government guidance for the use of personal protective equipment (PPE) to keep people and themselves safe.

The feedback about management and leadership was positive. Staff told us they felt supported and leadership was approachable. One staff member said "I can speak with my manager about anything, it's generally really good."

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

### Rating at last inspection

The last rating for the service under the previous provider was rated Requires Improvement (published 3 March 2020). This is the first inspection of the location under the new provider and due to it being a focused inspection (not comprehensive), the location cannot be rated.

### Why we inspected

The inspection was prompted in part due to concerns received about people's safety and management of the service. A decision was made for us to inspect and examine those risks.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to medicine management and data protection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

**Inspected but not rated**

### Is the service well-led?

The service was not always well led.

**Inspected but not rated**

# Suite 4, Jason House

## 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

The inspection was carried out by one 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.

#### Service and service type

Suite 4, Jason house is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

At the time of the inspection, the service did not have a manager registered with the Care Quality Commission. Alongside the provider, a registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced 24 hours before the inspection site visit. Inspection activity started on 23 November 2021 and ended on 16 December 2021. We visited the office location on 23 November 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and two relatives about their experience of the care provided. We spoke with the operations manager, manager, three staff members and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at various care and medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question was inspected but not rated. 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.

### Using medicines safely

- We were not assured people received their medicines at the correct time. Staff did not accurately record when medicines had been administered.
- Medication audits were not effective as they did not identify the issues we found on inspection.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Only staff who received training administered medicines.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were person centred to reflect people's individual needs. There were specific risk assessments for how to manage certain physical health needs, such as diabetes and catheter care.
- Staff had received the appropriate training and knew how to support people to mitigate potential risks.
- Systems to improve the safety of the service following incidents were in place.

### Staffing and recruitment

- Visits were not always carried out on time. However, people using the service told us this has improved over the previous few weeks.

We recommend the provider reviews their systems and processes for the deployment of staff to meet people's needs and updates their practices accordingly.

- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.

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

- The provider had a safeguarding policy and staff demonstrated a good awareness of safeguarding procedures. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.
- People and their relatives told us they felt safe having staff come into their homes. One person said, "Yes, I feel safe."

### Preventing and controlling infection

- Staff told us they were provided with PPE to use when carrying out personal care in people's homes to prevent cross infection. People we spoke with said staff wore their PPE when attending their homes and all staff were following COVID-19 guidance. There was a good supply of PPE stock in the provider's office and staff knew they could collect more stock at any time.
- There was an infection control and COVID-19 policy in place.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question was inspected but not rated. The service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits carried out by the provider were not always dated and actions were not always followed up. Since the inspection the provider stated they have reviewed the audits
- We observed staff sharing computer log in details. This could compromise record security.
- There was a lack of oversight of staff training. There was a training matrix in place but not all staff were included. There were no review dates for training.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider has updated the training matrix to include all staff and all training has a review date.

- The service did have a manager in post, however they were not registered with CQC. We saw evidence of this in progress.
- The feedback about management and leadership was positive. Staff told us they felt supported and leaders were approachable. One staff member said "I can speak with my manager about anything, it's generally really good."
- Care records were accurate. Risk assessments were completed for those people with specific health needs.

Continuous learning and improving care

- The provider demonstrated an open and transparent approach to sharing learning and improving the service. Following the inspection, they reviewed their systems and processes for auditing the quality and safety of the service.
- There was a system in place to ensure the provider had oversight of incidents and accidents to identify and learn from any trends and themes within the service.

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

- People using the service and their families knew how to raise concerns with the provider, however, they reported it was difficult to communicate with the management team. Following the inspection, the provider made changes to make it easier for people to raise concerns.

- Most of the people spoke well of the care staff. They said they treated the service users well, with care, dignity and respect.
- Staff were able to raise concerns with the management team. Staff received regular opportunities for supervision and attended staff meetings.
- The service produced monthly newsletters for people, their relatives and staff.

#### Working in partnership with others

- The provider had established good working relationships with health professionals and received compliments from visiting professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was a failure to ensure proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a failure to maintain secure records.</p> <p>Regulation 17(2)(c)</p> <p>Audits carried out by the provider were not always effective.</p> <p>Regulation 17(2)(a)</p> <p>There was a lack of oversight of staff training.</p> <p>Regulation 17(1)</p>