

SNE Care Services Ltd

SNE Care Services Ltd

Inspection report

Unit 10, Stephenson Court
Skippers Lane Industrial Estate
Middlesbrough
TS6 6UT

Tel: 01642438878
Website: www.sne-care.co.uk

Date of inspection visit:

22 March 2022

29 March 2022

04 April 2022

06 April 2022

19 April 2022

Date of publication:

16 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

SNE Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. 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. At the time of our inspection 77 people were receiving personal care from the service.

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

Auditing and oversight of the service were not always robust. We found some issues that the provider's systems had either not identified or not corrected. The registered manager had planned a range of improvements and had been working hard to deliver these. Some the changes were recent and had not always ensured consistent good practice.

People did not always have their medicines as planned or at the correct times. The medicines audit system did not follow best practice and did not always ensure medicines errors were identified or acted on in a timely way.

The provider had recruitment processes to minimise the risk of unsuitable staff being employed, however we found occasions where references had not been robustly checked to ensure these were from an appropriate source.

Support plans and risk assessments were person centred but staff did not always have clear guidance around all potential risks. Management and senior staff were very knowledgeable about people's individual needs and staff felt they had enough information to support people safely.

There were enough staff on duty and care was planned to provide consistency of care. There had been some issues with staffing and recruitment due to the impact of Covid-19. Most people and relatives gave positive feedback about the service and the staff who supported them. Some people told us; however, they did not always get consistent care from staff who understood their support needs. The registered manager was recruiting staff and had started some initiatives to lessen the impact of staffing pressures.

People were safeguarded from abuse and the provider had effective infection control procedures in place.

Where concerns were identified, lessons were learnt and shared with staff. The management and staff we spoke with had a clear focus on delivering positive outcomes for people. The service worked with and acted on feedback from partner agencies. The management had sought feedback on the quality of the service from staff, people and relatives to develop the service.

The registered manager acted immediately to address the issues we identified at this inspection and

communicated changes and best practice with staff.

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

Rating at last inspection

The last rating for this service was good (24 November 2018).

Why we inspected

We received concerns in relation to the management of medicines, safe staffing and the quality and consistency of people's care. As a result, we undertook a focused inspection to review the key questions of safe 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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SNE Care Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. Governance and auditing systems did not always identify and rectify issues in a timely way, particularly in relation to medicines and recruitment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe 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 ●

SNE Care Services Ltd

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 team consisted on an inspector, a medicines 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.

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 there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that key staff, such as the registered manager, would be available to assist with the inspection.

Inspection activity started on 22 March 2022 and ended on 19 April 2022. We visited the location's office and three people's own homes on 6 April 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 eight people who used the service and five relatives of people using the service. We looked at six people's care plans and risk assessments. We looked at four medicine administration records (MARs) and other records about people's individual care. We spoke with seven staff including the registered manager, care co-ordinator, senior care staff and care staff. We also received feedback by e-mail from five staff including senior care staff and care staff. We looked at recruitment records for five staff. We also looked at records involved with the day to day running of the service.

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. At this inspection the rating has changed to requires improvement.

This meant 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

- Medicines were not always given safely or as prescribed.
- Guidance and recording were not always clear when medicines were left out for people to take later or when people had medicines in variable doses (different amounts depending on their needs at the time). The provider could not always evidence that the person had taken the right amount of their medicines with the appropriate gap between doses, for example for pain relief.
- One person's medicines were not given at the prescribed times and staff had not understood that these medicines were time sensitive. Medicines times were adjusted following feedback from the inspection.
- Most people and staff told us they had no concerns about medicines management. Two relatives raised some concerns about medicines being missed or given late. They told us they had shared their concerns with the provider so the issues could be investigated.
- The providers medicine policy had not been updated recently and did not reflect the current practices taking place in the service.
- The provider had recently made some improvements to the way they checked medicines and shared learning from incidents with staff, but this had not prevented errors from occurring.

We found no evidence that people had been harmed, however, systems were not robust enough to ensure risks were safely managed and mitigated. This placed people at risk of unsafe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted immediately on our feedback, individual concerns raised were addressed and daily checks on medicines were implemented so mistakes could be corrected in a timely way.
- Staff had training in medicines management and had their competency to administer medicines checked by a senior member of staff.

Staffing and recruitment

- Recruitment processes were in place to minimise the risk of unsuitable staff being employed but these were not always robust.
- References were not always checked enough to ensure they matched application forms, were valid or were from the most appropriate source.
- The provider did not have robust systems for checking when staff could work under visa requirements, for

example they had not confirmed hours of study with the associated colleges.

We found no evidence that people had been harmed, however, systems were not robust enough to ensure risks were safely managed and mitigated. This placed people at risk of unsafe care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were currently enough staff and call monitoring showed a high percentage of calls were met within the agreed times. Staff, people and relatives told us that some calls were still happening outside of the agreed times and sometimes over an hour late.
- We received mixed comments about the consistency of staff. One person told us, for example; 'I am getting new people some of the time, not all of the time. I get them and then I don't see them for weeks. There's quite a few different carers. They just turn up.' Systems had recently been introduced to improved staffing availability, such as recruitment and staff arrangements for emergency cover.
- Visits were planned to promote consistency of staff and considering matching staff skills with the needs of the people they supported. Some people and relatives told us, however, they felt staff did not always have the right skills for the person, such as knowledge of dementia, and some commented that they had communication difficulties with some staff.

Learning lessons when things go wrong

- The service was continually seeking to improve and learn when things went wrong.
- The registered manager had shared learning from incidents and errors with staff and there was evidence of improvements being made in relation to these incidents.
- Areas of concerns fed into an improvement plan for the service.
- The registered manager acknowledged that although they felt the service had improved greatly in recent months there was still some learning to embed to prevent errors and concerns reoccurring.

Assessing risk, safety monitoring and management,

- People's care plans and risk assessments explored risks and actions to mitigate harm from occurring. Care files had been regularly reviewed and updated to be more person centred. Some risk assessments, however, did not give clear or consistent details, for example about people's diets or in relation to medicines they were taking.
- Staff we spoke with told us they felt they were given enough information about people, or this was readily available from office staff on request. Senior staff we spoke with were knowledgeable about people's needs and potential risks.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse.
- Staff had received safeguarding training and understood how to reduce the risk of avoidable harm.
- Systems and procedures were in place so that safeguarding concerns were escalated and responded to by the management.

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.

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. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- There were systems in place to monitor the quality of the service, but these were not always effective or completed in a timely way to address errors as they occurred.
- Medicine audits did not follow good practice guidance. Medicines records were sometimes amended up to a week after the care visit had taken place. There were not always clearly documented reasons for the changes that were made. On occasion staff were asked to confirm if medicines were given several days after the medicines should have been administered, meaning their responses may not be accurate and were not timely accounts.
- Medicine practice did not always follow the provider's policies.
- Oversight of recruitment was not robust and had not identified the issue regarding appropriateness of reference checks or lack of documented information about student's study arrangements.

Systems were not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had already recognised the need for improvement in some of the performance monitoring systems and these were on-going. Where concerns were identified as part of the inspection, the registered manager sent confirmation these systems and processes were being reviewed and amended where they were found to be lacking.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.

Continuous learning and improving care

- The registered manager was committed to continuous learning. They had implemented new systems and processes to improve the quality of care.
- Some positive changes were evident, such as improved communication with staff and the introduction of lead roles in key areas such as for safeguarding and mental health. Some training had been updated based on feedback and lessons learnt.

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

- People received person centred care.
- People and staff told us care was person centred and had a focus on maintaining people's independence.
- Due to the COVID-19 pandemic the service had experienced increased levels of sickness or the need for staff to self-isolate. This had impacted the care and support being provided. Staff were committed to assisting people to have a good quality of life and ensured care was delivered as planned.
- Some people, relatives and staff told us the service would benefit from greater consistency. We saw that current care packages were planned to have consistent carers who had skills matched to people's needs.
- Most staff told us they felt listened to and that the registered manager was approachable. They understood the aims of the service and told us support was available if they requested it. Some staff said they felt training and support could improve.
- Management told us about different ways they supported staff well-being including pay incentives and sharing positive feedback with staff.

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

- The provider understood their responsibility to be open and honest when something went wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations and surveys were used to improve the quality of care at the service.

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

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people.
- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the GP.
- The service worked in partnership with external agencies and actively acted on issues raised. They used the information from these partnerships to assist them to improve the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing and oversight was inconsistent and did not always prevent errors reoccurring. Records were not always timely or accurate.