

SK Care Coventry Ltd

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Inspection report

202 Foleshill Road
Coventry
West Midlands
CV1 4JH

Tel: 07414995825

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15 May 2023

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08 June 2023

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

SK Care Coventry Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to older people, younger adults and children with a range of needs, including mental ill health, physical disabilities, sensory impairments and dementia. At the time of our inspection 14 people, including 9 children were using the service.

CQC only inspects the service being received by people provided with 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

The management of risks associated with people's care and their home environments had improved. However, further work was needed to ensure risk management plans provided staff with all the information they needed to keep people safe. Action was being planned to address this. Staff knew the people they supported and understood how to keep people safe. Improvements had been made to ensure people's medicines were administered and disposed of in line with the providers procedure and best practice guidance. Feedback from relatives confirmed this.

Service oversight had improved. The provider had introduced a range of quality monitoring checks resulting in some improvements to the quality and safety of the service and compliance. However, further time was needed for these to be fully effective and embedded. Staff felt supported and met regularly with the management team to ensure they understood and worked in line with the provider's policies and expectations.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 08 March 2023) and there were breaches of regulation in relation to safety and governance of the service. We served a Warning Notice in relation to good governance. At this inspection we found improvements had been made in this area and the provider is now meeting that regulation.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted

inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

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?

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

SK Care Coventry 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 2014.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 11 April 2023 and ended on 17 May 2023. We visited the location's office on 15 May 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from integrated care systems (ICSs) who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke via the telephone with 2 people's relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, the deputy manager, the care coordinator, the administrator and care staff during our site visit. We reviewed a range of records. This included 5 people's care records, medicines records, staff training data and records of the checks the managers completed to assure themselves people received a safe and good quality 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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection we found people were exposed to the risk of avoidable harm because risks associated with people's care and support needs were not well managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk management had improved. One relative told us their family member was safe because staff understood how to use the equipment their family member needed to move around their home.
- Risk associated with people's care and their home environment had been assessed and regularly reviewed. This included risks associated with choking, falls and health conditions such as, epilepsy. This demonstrated lessons had been learnt.
- However, further improvement was needed to ensure risk management plans provided staff with all of the information they needed to keep people safe. For example, 1 person's choking risk assessment instructed staff how to position the person's head if they noticed any changes when the person was swallowing but did not inform staff what changes to look for. The registered manager acknowledged our findings they said, "I can see we need to do more. This will be our immediate priority."
- Conversations with staff confirmed they understood how to manage and reduce individual risk to keep people safe. One staff member commented, "We work with the same clients (people), so we know them. We understand how to do things in the right way. The safe way." Another staff member said, "If anything changes, we call the manager straight away so they can check and tell us what to do."

Using medicines safely

At our last inspection we found medicines were not managed safely and administered safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Medicines management had improved. One relative told us, "There's no issues with [Names] medication." Another relative said, "Staff know when to give [Names] pills. They write it down so we know it's been given. Everything is ok. There are no problems with tablets."
- People's care records clearly recorded if staff were responsible for supporting people with their medicines and how this support should be provided.
- Where people received medicine support as part of their planned care, records had been completed to show when and which prescribed medicines had been taken or declined. However, recording omissions we found on 1 person's medicine record had not been identified by the management team.
- People received their medicines from trained staff whose competencies were regularly checked.
- The provider had implemented an electronic monitoring system which alerted the management team if a person's medicine had not been given. The registered manager told us, "We (management team) get an alarm on the computer or on my watch if staff have not recorded, they have given a medication. Then we contact the staff to follow it up."

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the lack of provider and management level oversight meant they had failed to effectively monitor the quality and safety of the service. This placed people at risk and was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management oversight of the service had improved. The management team had taken enough action to address the regulatory breaches and key concerns we found at the last inspection. They were developing a plan to make further improvements to ensure the consistent delivery of high quality, safe care.
- The provider had introduced a range of quality monitoring systems to assure themselves of the quality and safety of their service provision. This included monthly checks of care records, weekly and monthly audits of medicines and reviews of staff recruitment records. This demonstrated lessons had been learnt.
- However, further time was needed for audits and checks to be fully effective and embedded. For example, audits of medicine administration records had not identified the omissions we found. The provider said, "We have focused on getting the systems in place. I know they are not perfect. We have focused on getting the structures in place."
- Staff spoke positively about the management team and the support they provided. One staff member explained how regular team meetings were used to ensure staff understood what was expected of them and to check they were working in line with the providers policies and procedures. The staff member added, "The meetings are good. You learn. You understand what you have to do."