

Siete Ltd

# Siete Care Services

## Inspection report

6 South Bar Street  
Banbury  
OX16 9AA

Tel: 07832791284

Date of inspection visit:  
02 May 2019

Date of publication:  
17 May 2019

### 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

About the service.

Siete Care Services Limited is a domiciliary care service supporting people in their own homes in the Oxfordshire area. At the time of our announced inspection the service supported one person.

People's experience of using this service:

- The person was safe. There were enough staff to meet this person's needs. Staff were aware of their responsibilities to report concerns and understood how to keep this person safe. We saw that risks to safety and well-being were managed through a risk management process. There were systems in place to manage safe administration of medicines.
- The person had their needs assessed prior to receiving care to ensure staff were able to meet their needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.
- The person continued to be supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.
- Staff had been trained to meet the person's nutritional needs, so they maintained an enjoyable and varied diet.
- The person were treated with respect and their dignity was maintained. They were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and respecting diversity. Staff knew how to support the person without breaching their rights. The provider had processes in place to maintain confidentiality.
- This person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- This person and their relatives knew how to complain, and a complaints policy was in place. Their input was valued, and they were encouraged to feedback on the quality of the service and make suggestions for improvements.
- The service was well-led. The person, relatives and staff were complimentary of the registered manager and the management team. The registered manager promoted a positive, transparent and open culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations.

The service met the characteristics of Good in Safe, Effective, Caring, Responsive and Well-led. At last inspection on 15 February 2018 we asked the provider to make improvements in relation to risk assessments

to manage people's safety and quality monitoring systems used to improve the service. These actions have been completed.

The service has improved to Good.

Rating at last inspection: Requires improvement. Report published 1 March 2018.

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

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

## 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 safe

Details are in our Safe findings below

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below

**Good** ●

# Siete Care Services

## Detailed findings

### Background to this 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 one Expert by Experience made telephone calls to people using the service and their relatives. 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:

This service provides care and support to people living in their own homes, so that they can live as independently as possible. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service two working days' notice of the inspection site visit because the service is small, and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 2 May 2019 where we visited the services office to review records and other documents relating to the running of the service.

#### What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at notifications we had received. Notifications are certain events that providers are required by law to tell us about.

During our inspection we checked recruitment, training and supervision records for three staff and we looked at one person's care records. We also looked at a range of records about how the service was managed. We could not speak to the person receiving the service due to their condition. However, we spoke with their relative, another relative of a person who had recently died, two care staff and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At last inspection on 15 February 2018 we asked the provider to make improvements in relation to risk assessments to manage people's safety and this action has been completed.

People were safe and protected from avoidable harm. Legal requirements were met.

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

- The person's relative told us they felt safe. They said, "The care they provide is safe at all times, we have no qualms at all".
- The person benefitted from staff who knew how to raise safeguarding issues. One member of staff told us, "If I had any concerns I'd report to my manager and CQC (Care Quality Commission)".
- The service had systems in place to investigate and report concerns to the appropriate authorities.

Assessing risk, safety monitoring and management:

- Where risks were identified, assessments were in place to manage the risk. Risks were regularly reviewed and updated. Risks included; mobility, falls, and the environment. Where appropriate, guidance from healthcare professionals was included in the support plan. For example, one person was at risk of developing pressure ulcers. Their care file gave details how this risk was managed including how they were supported by staff and the district nurse.
- The provider monitored visits to ensure staff were punctual and that visits were not missed. Staff logged in via mobile phones allowing the registered manager to monitor visit times. No missed visits were recorded. A relative told us, "No, there have been no missed calls at all".

Staffing and recruitment:

- The person was supported by a stable, committed staff team. Sufficient staff were deployed to meet their needs. Two staff were required to support this person and we saw they were consistently deployed. One staff member said, "We have more than enough staff".
- The person was protected against the employment of unsuitable staff as the provider followed robust, safe recruitment practices.

Using medicines safely:

- At the time of our inspection no one was being supported with their medicine. This support was provided by the family.
- Staff had been trained in administering medicines and their competency checked.

Preventing and controlling infection:

- The staff were trained in infection control. The staff had access to protective personal equipment.
- One staff member said, "I have been trained and I have no problems in this area. We have loads of gloves and aprons". Another said, "We have more than enough protective equipment to keep safe".

Learning lessons when things go wrong:

- At the time of our inspection no accidents or incidents had been recorded. The registered manager had systems in place to analyse accidents and incidents.
- The registered manager said, "We are implementing a new electronic management system which will enhance our ability to monitor and analyse data and our procedures help us to drive improvement".



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The person and their relatives were involved in the assessment process. Their needs were assessed prior to receiving a service to ensure staff could meet those needs.
- One relative commented, "The level of care is consistent and reliable".
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice. For example, the person's preferred methods of communication were assessed, and guidance provided for staff in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Staff support: induction, training, skills and experience:

- The person was supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed induction and shadowed experienced staff before working alone.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss work practice and raise issues. One staff member said, "I get supervisions and spot checks so yes, I am well supported".

Supporting people to eat and drink enough to maintain a balanced diet:

- At the time of our inspection no one required support with eating and drinking. Meals were prepared by person's family.
- All staff had been trained in handling food and food hygiene.

Staff working with other agencies to provide consistent, effective, timely care:

- Various professionals were involved in assessing, planning and evaluating the person's care and treatment. This included GPs, occupational therapists and other NHS trust professionals.
- Where appropriate, reviews of this person's care involved relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance:

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- Staff worked to the principles of the MCA. One staff member told us, "I check clients' understanding so they can make their own decisions safely. I work in their best interests". Another staff member said, "I always ask clients' consent and protect their right to make decisions".
- Care plans contained consent to care documents signed by the person or their legal representative.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People's relatives confirmed staff treated people in a caring way. One relative said, "Yes they are all quite good and there are no problems at all". Another commented, "[Person] thought highly of his carers and that he had no problems with them".
- Staff knew the person's individual needs very well as they had built up a trusting relationship over a period of time. One staff member said, "I do have caring relationships with my clients. I try to understand them and treat them as I would my family".
- The person's well-being was assessed, and any needs were highlighted. This allowed staff to support them emotionally, as individuals. For example, one person's mood could fluctuate depending on their medical condition. The person's care plan gave details of their moods and actions for staff to take to reassure them. Staff were aware of this guidance and told us it was effective.

Supporting people to express their views and be involved in making decisions about their care:

- The person was involved in their care. Records showed staff discussed their care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. The registered manager told us information was available in picture format, large print or, where appropriate, in foreign languages. Staff told us they explained procedures to people to help them make informed decisions.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted the person's independence. Care plans guided staff to encourage them to do what they could for themselves. For example, one person's care plan highlighted, 'I require support to get dressed but I can eat independently'.
- The person was treated with dignity and respect. When staff spoke with us about people, they were very respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us the person's privacy was respected.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated this person as an individual and respected their choices.
- The provider ensured the person's confidentiality was respected. Records containing personal information were kept in offices which were locked and only accessible to authorised persons.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- This person's likes and dislikes were well known to the staff team and were highlighted in their care plan. For example, they liked reading and playing scrabble. Staff were aware of their preferences.
- The management team ensured this person's needs, and any changes were communicated effectively amongst the staff. Information was shared between staff through briefings and team meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of the person's progress.
- The service responded to the person's changing needs. We saw examples of where they were able to change visit times to allow them to attend other appointments.
- One staff member said, "It's all about understanding client's personality and their likes and dislikes so I can treat them as an individual".

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- Relatives told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were provided to people and their relatives.
- One relative said, "I've never complained but I am sure their response would be positive".
- The registered manager told us, "I deal with any queries or concerns long before a formal complaint is needed. The families just come to me and we deal with it".

End of life care and support:

- There were systems in place to record the person's advanced wishes. This included funeral arrangements and whether the person wished to be resuscitated in the event of a cardiac arrest.
- At the time of our inspection, no one was receiving end of life care. However, we noted all staff were trained in palliative care.
- One person had recently died, their relative said, "They were very caring for him".

# 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

Good: At the last inspection on 15 February 2018 we asked the provider to take action in relation to quality monitoring systems, used to improve the service. This action has been completed. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us they knew the registered manager and had confidence in the service.
- One relative said, "Yes, the Manager has been round two or three times to see us".
- Staff spoke positively about the registered manager. Comments included; "We have a good working relationship. She [registered manager] listens and applies what has been said and agreed" and "I'm impressed with how the service is run".
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

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

- The registered manager had effective quality assurance systems in place. These included, audits of care planning, staff files and quality satisfaction surveys. This allowed the registered manager to look for continuous improvements. For example, one audit identified a risk assessment required a review. We saw this review had been completed. We also saw the registered manager monitored staff 'spot checks' to look for patterns, trends and training needs.
- All the records we saw were accurate and up to date.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. We saw a positive team culture that was clearly embedded in the service.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- This person and their relatives had opportunities to complete surveys or raise any comments. Where requests were made, the registered manager took action. The registered manager visited the person and monitored their feedback. The information gathered was used to improve the service. For example, one person requested a particular staff member to support them. This staff member became this person's main carer.

- Staff told us they felt listened to and valued. Staff told us communication was good and they felt involved and informed. One staff member said, "We are a small service, so I have conversations with my manager every day. I'm fully involved and feel appreciated".

Working in partnership with others:

- The registered manager worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- The service also worked in partnership with the local authority and was a member of the UK Home Care Association (UKHA).