

Inspire Management Group Ltd

Siddeley House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Siddeley House is a domiciliary care agency. It provides support and personal care to people living in their own houses and flats.

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 this service and what we found

At the last inspection the service provided was not always safe for people to use as people's support visits were not always occurring at the agreed time or lasting for the agreed duration. The care provided was not always effective as some people and their relatives thought the difference in the quality of skill sets of individual staff members, showed a need for training more focussed on the needs of individual staff. This meant people were not always receiving the care and support they needed, when they needed it. The service was not always well-led as the quality assurance system did not always identify and address people's concerns about the service delivered. This meant their needs were not always met. We also recommended that the provider revisit the training it provides for staff.

At this inspection some people and their relatives said that calls were still not taking place on time and lasting for the agreed duration. This meant not all people using the service were receiving the care and support they needed when it was required. Others told us that calls were now happening on time and for the full duration. There were enough appropriately recruited staff who generally provided care and support in a friendly way. People had risks to them assessed, monitored and reviewed. This helped to minimise risks to them. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. Medicines were administered by trained staff.

At this inspection staff training shortfalls had been addressed. This meant staff were better trained to meet people's needs. People's needs were assessed, and they were given choices. They were encouraged by staff to discuss their health needs, any changes to them and they were passed on to appropriate community-based health care professionals. The provider was part of a professionals network that promoted joined up working between services based on people's needs, wishes and best interests. This included any required transitioning of services as people's needs changed. People were protected by staff from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

At this inspection the quality assurance (QA) and care planning system identified shortfalls in care planning. However, some people were still not receiving their calls on time and for the full duration. This meant not all people using the service were receiving the care and support required when they needed it. Although service quality was regularly reviewed, the changes made to improve the care and support people received were not reflected by people always getting the care and support they needed. The provider's culture was open,

and positive with identifiable leadership and management. The provider's vision and values were set out, staff understood them and were aware of their responsibilities and accountability. The provider established working partnerships to promote the needs of people being met outside its remit to reduce social isolation. Registration requirements were met.

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 23 February 2022) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

The service remains rated requires improvement.

At this inspection we found the provider remained in breach of regulations 17 (Good Governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements and a recommendation. A decision was made for us to inspect and examine the risks associated with these issues.

Care Quality Commission (CQC) has introduced focused inspections to follow up on previous breaches and to check specific concerns.

As no concerns were identified in relation to the key questions Caring and Responsive, we decided not to inspect these questions. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

Enforcement

At this inspection we have identified breaches in relation to people not receiving calls at the agreed times, and lasting the full duration, placing people at the risk of harm and the quality monitoring system not effectively addressing people's concerns regarding this.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

For more details, please see the full report which is on the CQC website at 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Siddeley 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. 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Siddeley House is a domiciliary care agency, registered for 'personal care'. The service provides personal care to older people who may be living with dementia, have a physical disability, sensory impairment and younger adults. At the time of inspection, there were 37 people who were receiving support with personal care from this service.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with four people who used the service, ten relatives, 11 staff and four health care professionals who have regular contact with the service, to get their views about the care provided. We looked at four people's care plans and three staff records. We reviewed a range of records. They included staff rotas, training and supervision, risk assessments, reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included spot checks, observations, training matrix and audits. We received the information which was used as part of our inspection.



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. The rating for this key question has remained 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.

Staffing and recruitment

At our last inspection we found no evidence that people had been harmed however, people using the service and relatives had raised concerns regarding calls not happening at the agreed times and lasting the full duration, placing people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider remains in breach of regulation 18.

- The provider's staffing was not always safe.
- The staff rotas and the way they were managed demonstrated that the service had enough staff to meet people's needs and keep them safe. They did not demonstrate that the planning and deployment of staff utilised them effectively to meet people's needs. Neither did people's care plans show that people using the service were supported to have their needs met when they needed them.
- Some people and their relatives said the calls were still not taking place on time or for the full duration. One relative said, "It's a lottery depending on what staff turn up. Some carers [staff] are very good others don't do anything. We can't rely on the service to look after [Person using the service] and this puts pressure on the family." One person told us, "The staff are very nice, but they are rushing from one call to the next." They gave an example of one member of staff who had one call at one end of the borough, the next call at the other end and a third call near to where the first call was. A staff member told us, "I feel the service provided is safe for people to use and work in."

We found no evidence that people had been harmed however, people using the service and relatives had raised concerns regarding calls not happening at the agreed times and lasting the full duration. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The recruitment of staff was safe.
- The staff recruitment records showed that the provider was following safe procedures. During the interview process scenario-based questions identified prospective staff skills, reasons they wished to work in adult social care, experience and knowledge. Before employing staff, references were taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps

employers make safer recruitment decisions. There was a three to six monthly probationary period with a review.

Assessing risk, safety monitoring and management

- The provider did not always assess risk safely or monitor and manage it.
- Some people said they thought the service was relatively safe whilst others did not.
- Staff followed regularly reviewed risk assessments that were updated, and included the relevant aspects of people's health, activities and daily living, some relatives had concerns. However, some relatives were concerned about, staff support techniques being rushed meaning they were not as thorough as they could be and missed calls. Other relatives were happy with the safety of the care and support provided. One relative said, "The carer is frequently late, never phones to let us know and manhandles [Person using the service]. We are completely dependent and if we could find another carer or agency we would." The provider explained that the spouse of the person using the service insisted on being involved in delivering personal care with the staff member, and this complicated the way care was delivered and provided. The moving and handling risk assessment and training was completed and up to date. Another relative told us, "Full confidence in the safety of the service. [Person using the service] couldn't be happier."
- There were environmental risk assessments to protect people and staff. Staff identified situations where people may be at risk and where possible acted to minimise those risks.
- There was a whistle-blowing procedure that encouraged reporting bad practice. Staff said they felt they worked well as a team and didn't have a problem discussing any concerns within the team.
- Some health care professionals were positive about the service provided whilst others had concerns. The positive feedback was regarding collaborative working and moving and handling aspects of the care provided. The negative aspects were surrounding punctuality and remaining the appropriate time.

Using medicines safely

- People did not always receive their medicines safely.
- Medicines were safely administered when staff arrived on time although some concerns were raised about them sometimes not being administered at the correct time when staff were late. Relatives said they checked that medicines had been taken. One relative said, "We have issues with the medicines sometimes not being left out." Medicines were regularly audited and appropriately stored and disposed of.
- The sample of people's medicines records we looked at were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to administer their own medicines.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to keep people safe from the risk of abuse.
- Staff received training that enabled them to identify abuse and the action they should take if encountered. They were aware of how to raise a safeguarding alert and when this was needed. Safeguarding concerns were appropriately raised with the local authority. Staff had access to safeguarding policies and procedures and those regarding prevention and protection of people from abuse.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The health and safety information and training provided for staff included general responsibilities within people's homes and lone working.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regularly

audited. Staff had infection control and food hygiene training that people said reflected their working practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.

- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Any safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.

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.

At the last inspection this key question was rated Requires improvement. The rating for this key question has remained Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider revisit the training it provides for staff to ensure they have the knowledge to carry out their tasks appropriately and it meets their individual and personal needs.

At this inspection we found that staff training had been reviewed.

- Staff were supported, received induction and trained. They had developed skills and experience.
- The provider gave staff good quality induction and mandatory training and staff felt well supported and skilled. Staff said the quality of the training was good. One member of staff said that the training enabled them to support people and meet their needs. People said the staff were competent, professional and they liked the way staff performed their duties, whilst other people did not agree. One person said, "Very well-trained staff." A relative commented, "Some are excellent others don't seem to have a clue what they are doing or are just not interested." A member of staff told us, "The training I received was good and my background in health care also made it easier."
- Staff induction was comprehensive and based on the Skills for Care Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training required updating, that this had taken place, and this was confirmed by staff. This meant staff were better equipped to provide people using the service with the service they needed. Staff mandatory training included moving and handling, falls awareness, safeguarding, medicines administration, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. This included dementia awareness. One staff member told us, "The training has enabled me to provide people with good support." A relative told us, "No issues with the staff, they are nice and know what they are doing."

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

- People were supported to eat and drink, although happen at the agreed time.
- When in people's homes, staff supported them to eat, drink and maintain a balanced diet. If needed they were also assisted to eat, and staff monitored food and fluid intake. However, some people said staff were not always on time to support them with their meals. One relative told us, "There is a breakfast call that is supposed to happen between 9.30 and 10.00 am. It frequently doesn't happen until 11.00 am. It is a similar thing in the evenings."
- People had care plans that contained health, nutrition and diet information with health care action plans.

Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure people drank enough to be hydrated. If staff had concerns, they were passed on to the management team, who alerted appropriate health care professionals, if required.

- If people required support with diet, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still had meals they enjoyed.

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

- People had their needs and choices assessed.
- The provider took new referrals from local authority commissioners or privately. The registered manager told us, when a new enquiry was received, an appointment was made for an assessment with people and their relatives, at their home. The assessment was carried out at a pace that suited the person and their needs.
- People had a comprehensive assessment of their physical, mental and social needs and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The provider provided easy to understand written information for people and their families.

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

- People were supported to keep healthy by the provider and staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support from them.
- The provider signposted people to other organisations that may be able to meet people's needs outside the service provided, to prevent social isolation. This improved people's social inclusion and their quality of life.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community-based health care professionals, such as district nurses and to refer themselves to health care services, such as their GP.
- Staff reported any health care concerns to the management team who alerted appropriate health care professionals and commissioning bodies.
- People's health and medical conditions and any changes were recorded in their care plans.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

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. The rating for this key question has remained 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, person-centred care.

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

At our last inspection we were not assured that the quality monitoring system effectively identified and addressed people's concerns regarding calls not happening at the agreed times, and lasting the full duration, placing people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvement had been made and the provider remains in breach of regulation 17.

- The service was not always well led.
- A new analytical Quality Assurance (QA) and care planning system had been introduced that identified if people received their calls on time and they lasted the full duration. However, some missed and late calls were still happening. The QA system contained key performance indicators that identified how well the service was performing, and any areas that required improvement. The registered manager demonstrated how information was analysed and any decline in quality of care was identified and addressed.
- However, some people and their relatives told us that the quality of the service had not improved. One relative said, "It is not their [staff] fault, it is just disorganised. [Person using the service] has to be ready to be picked up for the day centre at a specific time. I am on the phone to the office every couple of weeks and they say it will be sorted, but it never is." Another relative told us, "The live-in care is excellent, and we are very happy with them [staff]. [Person using the service] is also supposed to receive four other visits per day that are at best erratic and at worst non-existent."
- The registered manager and staff were clear about their roles, their importance and quality performance. Although they carried out regular checks on the quality of care staff provided with records showing that monitoring and quality assurance included supervisions, appraisals, spot checks, direct observations, and daily logbook entries. This was not reflected in the feedback that some people using the service and relatives gave us. A relative said, "They [staff] are very time limited and often do not stay the allotted time. Many of them don't drive and this means they are in the door and out again." A staff member told us, "The [Registered manager] is really a nice manager who is always supportive to the best of his ability." However, they declined to give an answer regarding if they felt the service was well led. Another staff member thought the service was very well led.

- Regular audits took place at appropriate intervals for the areas being audited, although the outcomes didn't always lead to performance improvement, particularly regarding time keeping. One relative said, "We never know who is coming or when." The audits included quality reviews and care plan reviews, communication logs, and health and safety. People's care plans were reviewed a minimum of annually or sooner, if required.

We found no evidence that people had been harmed however, the quality monitoring system did not address people's concerns regarding calls not happening at the agreed times, and lasting the full duration. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback was shared with district nurses and GPs to check that the support provided was what people needed. This was with people's consent.
- Regular meetings took place to discuss any issues that had arisen and other information, such as staff who may not be able to cover calls and any tasks that were not completed and why, although they did not appear to improve timekeeping.

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

- Some people and their relatives told us that communication with the provider was poor, they could speak with the office about their concerns, but they were not addressed. Others found the communication had improved a lot. One relative said, "My [person using the service] feels like they are between a rock and a hard place. What's the point of ringing if nothing changes? Even the basics don't get done and [Person using the service] is lucky if they get five minutes." They added that some visiting staff responded to them by listening and doing their best to meet people's needs. One person said, "We used to have a regular carer who was very good and let us know if they were going to be late. But we now have different carers and the timekeeping is awful." Another relative told us, "The communication and service has improved no end and [person using the service] is now very happy. If anything goes wrong, they actually phone up and let us know."
- The available services provided were explained so that people and their relatives were aware of what they could and could not expect from the service and staff. This was underlined by the statement of purpose and guide for people using the service that set out the organisation's vision and values. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. Staff told us they felt well supported by the registered manager and senior staff.
- Some health care professionals felt the service was well managed whilst others had concerns.

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

- People, their relatives and staff were engaged by the provider.
- Some people and their relatives said the communication with the provider was poor. They had the opportunity to voice their views about the service, although they did not always feel listened to and their concerns were not addressed. One person said, "I complain and get the right answers, but nothing seems to change." Another person said, "We used to have a regular carer who was very good and let us know if they were going to be late. But we now have different carers and the timekeeping is awful." A staff member said, "I feel listened to." Other people and their relatives found the communication had improved a lot. One relative said, "The communication and service has improved no end and [person using the service] is now very happy. If anything goes wrong, they actually phone up and let us know."
- We saw the returned questionnaires and surveys that people, their relatives and staff were sent and the

registered manager showed us how they were scrutinised to identify ways the service could improve.

- The registered manager and senior staff carried out spot checks that included observing competence. There were also post spot check telephone and face to face interviews with people, when staff were not present. The service identified if feedback given was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received regular supervision, annual reviews and staff meetings took place where staff could have their say and contribute to improvements.

Continuous learning and improving care

- The service endeavoured to improve care through continuous learning but did not always achieve this as reflected in the feedback we received from some people using the service and their relatives.
- There were regular updates for people, relatives and staff that informed them of updated practical information such as keeping safe guidance.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- People and their relatives gave regular verbal feedback to identify if appropriate care and support was being provided.

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 was aware of their duty of candour responsibility.
- There was a clear management reporting structure and open-door policy.
- Our records told us that appropriate notifications were being made to the Care Quality Commission in a timely way.

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 18 HSCA RA Regulations 2014 Staffing Staff were not deployed effectively to meet people's needs. Regulation 18 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not identified or addressed issues with staff deployment and training. Regulation 17 (1) and (2)(a) and (b).

The enforcement action we took:

We issued a warning notice.