

Sincerity Health Care Limited

# Sincerity Health Care Ltd

## Inspection report

45 Sheaf Street  
Daventry  
Northamptonshire  
NN11 4AA

Tel: 07894389254  
Website: [www.sincerityhealthcare.com](http://www.sincerityhealthcare.com)

Date of inspection visit:  
12 July 2017

Date of publication:  
31 July 2017

## 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

This unannounced inspection took place on 12 July 2017. This domiciliary care service is registered to provide personal care support to people living in their own homes. At the time of the inspection the service supported nine people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs.

People using the service had positive relationships with staff. People were actively involved in decisions about their care and support needs. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and had access to regular supervision and appraisal. Staff were clear about their roles and responsibilities in caring for people and received regular support from the registered manager.

Care records contained risk assessments and risk management plans to protect people from identified risks; the plans provided clear instructions for staff on how to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff gained people's consent before providing personal care and understood their role in adhering to the Mental Capacity Act, 2005 (MCA).

Staff and people using the service were confident that if they had any concerns they would be listened to and addressed. There was a complaints policy and procedure in place to deal with complaints.

The registered manager monitored the quality and safety of the service and staff regularly monitored the support people received. People who used the service and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.

People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and

preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

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

**Good** ●

The service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

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

**Good** ●

The service was well-led.

A registered manager was in post who understood their role and responsibilities.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

# Sincerity Health Care Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2017. The inspection was announced and was undertaken by one inspector. We gave 48 hours' notice of the inspection as we needed to be sure that the relevant people would be available.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We liaised with the local commissioners and safeguarding authority prior to inspection to gain feedback about the service.

During this inspection we spoke with two people who used the service. We also looked at care records and charts relating to two people. In total we spoke with three members of staff, including two care staff and the registered manager. We looked at three records in relation to staff recruitment and training.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

This was the first rated inspection for the service since they registered with us in 2015, as the provider moved address in September 2016.

## Is the service safe?

### Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I understand what to do if I have any concerns, I would report it to the manager and record it." We saw that the registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their potential risks such as moving and handling, falls and personal care. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's personal care needs changed their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

People were cared for by staff that were mindful of their health and safety. People's environment was assessed for risks and staff took action to mitigate these risks. For example records showed and staff told us that where equipment such as a commode was in use, staff were careful to ensure that the equipment was safely stored to prevent a trip hazard.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and stayed for the allotted time. One person told us "I have the same staff every day, they are always on time." People were allocated staff who had received the appropriate training to meet their individual needs.

People could be assured that the provider's recruitment practices helped to protect them from unsuitable staff; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Although no one was receiving their medicines from staff at the time of inspection, we saw evidence of previous medicine administration records and staff training that demonstrated that staff knew how to provide, and had provided medicines safely.

## Is the service effective?

### Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. One member of staff told us "I had training on-line and had time in the office. I shadowed other staff to get to know people and their needs." We saw records that staff were monitored closely; the registered manager checked staff competencies through direct observation, questions and written work. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff completed training that was designed to support them to meet people's needs, for example, moving and handling, food hygiene, basic life support, skin care and mouth care. The registered manager continually provided information about how to care for people's specific medical conditions, such as dementia and Parkinson's disease. People told us they were happy with the level of staff skills, one person told us "All the care staff know what they are doing." One member of staff told us "I am proud to be continually learning and using my skills."

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. The registered manager carried out spot checks which looked at all aspects of the care provided, including the level and quality of interaction with people receiving care and the use of personal protective equipment and hand washing as a means of infection prevention. Staff told us they received regular supervision and they felt supported, one member of staff said "[The registered manager] is very supportive, I can talk to her at any time."

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. Staff gained people's consent before they entered their homes and before providing any care. One person told us "The staff are very thoughtful; they ask me before they do anything."

People were supported to eat and drink regularly. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs and preferences. We saw records that demonstrated that staff ensured that people had a variety of foods to have a balanced diet to help maintain people's health and well-being. For

example, one person had a mixture of cooked breakfast and cold breakfast on different days, depending on their preference that day. People were supported to prepare meals that they liked; staff were knowledgeable about people's likes and dislikes, records showed that people's preferences for food had been discussed at their assessment.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and wellbeing and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell.

## Is the service caring?

### Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "I am so very pleased with the care." One relative fed back, "The care is excellent, I would recommend them."

People received care from a regular group of staff, which helped form positive relationships. One person told us "They [Staff] are very caring" One member of staff told us "I love this job, I really enjoy it." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics.

People's care was person centred. People described how the care they received met their individual needs. One person told us "All the staff are very good, they are obliging." A relative had provided feedback about the service, they stated they were pleased with the way the care staff communicated with their relative, they said "Staff talk to [name] at all times, although he may not understand; they listen and give him time to be at his own pace for his personal care."

People told us they felt they had a voice and that the provider responded to their feedback, they told us of examples where they had been listened to and their care had been changed. One person told us "When I need to change the times for my care, they are very helpful." People had their individual routines and preferences recorded and carried out by staff.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. A relative had recorded "The carers are patient with [my relative], talking to him, reassuring him and try to understand his needs on a day to day routine as no two days are the same."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. One person told us "My care couldn't be better." People had provided positive feedback about the kindness of staff; one person had recorded "I am looked after by very nice staff, they are very thorough and thoughtful."

## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one person told us "The staff know what I need, they help me just as in the care plan, plus more, they are very good." People had signed to say they had taken part in their reviews and agreed to their care plans.

Staff demonstrated they were aware of the content of people's care plans. One member of staff told us "We specifically read people's care plans; it is our responsibility to understand the purpose of our visits." Records showed that staff provided people's care as planned.

Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example staff were aware of the names people preferred to be known by. Care plans were reviewed regularly or when people's needs changed.

Staff told us that they knew people they cared for well and records showed that people's assessments and care plans explained clearly how people reacted to personal care, for example one person was known to become breathless on exertion. Staff informed the registered manager of any changes in people's needs, such as fluctuations in mobility or general well-being. Staff had access to a senior member of staff or the registered manager at all times to help contact family or medical assistance where required.

People said they knew how to complain and felt confident that their concerns would be listened to. One person told us that the complaints procedure was in the service booklet. Although there had not been any complaints made to the service, there was a complaints policy and procedure in place and a system in place to deal with any complaints.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

This inspection was the first rated inspection for the service since they registered with CQC in 2015 as the service changed address in 2016. The provider kept us informed of any incidents that affected the service in a timely manner.

The registered manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The registered manager ensured that staff had clear communication channels with each other and herself, the registered manager told us she was proud of the staff. They were dedicated to providing the best care to people by constantly evaluating the care that was provided.

People told us "They've (the provider) got very good systems in place." A relative had provided feedback about the service; they said "they appear to be very efficient and well run."

The culture of the team was described by care staff as one of close team work with good communication. Staff told us "The registered manager is very receptive and always responds to us when we need her, it is really important to keep the communication open." There was a clear system of communication between staff on all shifts; staff recorded where people's needs changed.

People who used the service told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the care plan and daily records audit. The registered manager took the opportunity to share good practice at team meetings and introduce specific policies or training subjects to inform staff of people's specific needs.

The registered manager was undergoing further management training and had undergone train the trainer training for medicines management and moving and handling. The registered manager told us that this undertaken to provide consistent training to staff.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out. Where issues had been identified the registered manager had taken action to improve the service and continued to monitor the quality.