

Sipi Care Agency Limited

# Sipi Care Agency Ltd

## Inspection report

Dephne House  
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London  
NW10 6QH

Date of inspection visit:  
18 May 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

This inspection took place on 18 May 2017. We gave the provider 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. This was the first rating inspection of the service after it was registered by the Care Quality Commission (CQC) in August 2012. The service was not providing a service to people until September 2016 and we could not inspect it.

Sipi Care Agency Ltd is a domiciliary care service that provides care and support to people in their own homes. At the time of this inspection the service was supporting 11 people. The provider's Nominated Individual was also the registered manager. 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.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not always follow effective recruitment procedures to make sure care workers were suitable to work with people using the service. The provider had systems to monitor the quality of the service that people received and to make improvements but these were not always effective.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe with their care workers.

The provider worked within the principles of the Mental Capacity Act 2005 (MCA) to make sure that, as far as possible, people made their own decisions about the care and support they received.

People using the service were cared for by staff who had been appropriately trained and supported.

Care workers gave people the support they needed with their nutritional needs.

The provider supported people using the service to meet their health care needs and where people needed support with their medicines, care workers provided this safely.

People using the service told us they liked their regular care workers and described them as kind, caring and professional. They also told us they were supported to do things for themselves when they were able. People told us their care workers usually arrived on time, stayed the correct amount of time and completed all of the tasks that were included in their care plan.

The provider also recorded people's religious, cultural and communication needs and their care workers were able to tell us about these.

The provider had a complaints policy and procedure in place. People using the service told us they knew how to complain to the provider but they told us this had never been necessary.

People using the service were able to provide feedback on the care they received.

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them.

The provider actively engaged with our inspection and they provided the information we needed to make our judgements.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Some aspects of the service were not safe.

The provider did not always follow effective recruitment procedures to make sure care workers were suitable to work with people using the service.

People told us they felt safe with their care workers.

Where people needed support with their medicines, care workers provided this safely.

### Is the service effective?

**Good** 

The service was effective.

The provider worked within the principles of the Mental Capacity Act 2005 (MCA) to make sure that, as far as possible, people made their own decisions about the care and support they received.

People using the service were cared for by staff who had been appropriately trained and supported.

Care workers gave people the support they needed with their nutritional needs.

The provider supported people using the service to meet their health care needs.

### Is the service caring?

**Good** 

The service was caring.

People using the service told us they liked their regular care workers and described them as kind, caring and professional.

People told us they were supported to do things for themselves when they were able.

The provider also recorded people's religious, cultural and communication needs and their care workers were able to tell us

about these.

### Is the service responsive?

Good ●

The service was responsive.

The provider had a complaints policy and procedure in place. People using the service told us they knew how to complain to the provider but they told us this had never been necessary.

People using the service were able to provide feedback on the care they received.

People told us their care workers usually arrived on time, stayed the correct amount of time and completed all of the tasks that were included in their care plan.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

The provider had systems to monitor the quality of the service that people received and to make improvements but these were not always effective.

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them.

The provider actively engaged with our inspection and they provided the information we needed to make our judgements.

# Sipi Care Agency 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 checked 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 18 May 2017. We gave the provider 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included a Provider Information return (PIR) the provider completed in July 2016. The PIR is a document which the provider completed to tell us about the service, including their strengths and areas for improvement.

During the inspection we spoke with four people using the service, three care workers, the provider and care co-ordinator. We reviewed the care records for three people using the service, five staff recruitment and training files, the agency's policies and procedures, three care workers' rotas and records of checks and audits the provider carried out to monitor quality in the service and make improvements.

Following the inspection we contacted the local authority's safeguarding and commissioning teams for their views of the service.

# Is the service safe?

## Our findings

People using the service told us they felt safe with their care workers. Their comments included, "Yes, I feel safe. The carer knows what she's doing" and "I feel perfectly safe, the care is very good."

The provider had systems in place to ensure the staff they employed were suitable to work with people using the service but they did not always follow these. For example, the provider's recruitment policy stated, "Do not offer a post to a candidate unless at least two satisfactory references have been received...including one from their last employer." Three of the five staff files we checked included only one reference. The provider was also unable to show us they had received up to date Disclosure and Barring Service (DBS) criminal records checks for each care worker. Three of the five staff records included a DBS check the provider had applied for. One record included an acknowledgement from DBS that they had received an application but there was no evidence the provider had seen and verified the completed check. Another record included a photocopy of a DBS certificate from another care agency. When we checked the person's recruitment file we saw they had not included this employer on their application form and the provider had failed to identify and follow this up with the care worker.

These were breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other care workers' recruitment records we checked included an application form, interview record, a minimum of two references, DBS check, proof of identity and right to remain and work in the United Kingdom.

The provider had systems in place to safeguard people using the service. They had reviewed their safeguarding policy in February 2017 and a copy of the local authority's procedures was available in the office for staff reference. Records showed care workers had completed training in safeguarding people and those we spoke with had a good understanding of the agency's procedures. One care worker told us, "Abuse is not accepted, if I had any concerns I would report them to the office immediately." A second care worker said, "We are told we have to report any concerns without delay."

The provider had assessed risks to each person and people's care records included guidance for care workers on how to mitigate risks the provider had identified. For example, the manager had assessed risks in the person's home environment, with the equipment they used, the risks of falls, management of medicines and nutrition. The guidance for care workers was clear and showed how they could help keep people safe whilst promoting their independence and choice. The risk assessments were regularly reviewed and updated. The provider told us they gave copies of the risk assessments to the person and these were available in the person's home and in the office for the care workers to view. Care workers told us that they referred to the person's care plan and risk assessments whenever they visited a new client. Training records included moving and handling and the provider and care workers confirmed this included a practical session using a hoist, slings and a bed. Where people using the service used equipment in their own homes we saw the provider had checked to make sure this was regularly serviced. The provider and care workers

also confirmed they were given protective gloves, aprons and other personal protective equipment.

People were supported to receive their medicines as prescribed. The provider had reviewed their procedure for supporting people with their medicines in February 2017 and training records showed care workers had completed appropriate training. People's care plans and assessments included information about their prescribed medicines and how care workers should support them. We saw that care workers recorded when they supported people with their medicines and they used the local authority's systems to record this support. We saw records of medicine administration which care workers had completed appropriately.

There were enough staff employed to meet people's needs and keep them safe. People told us they felt there were enough staff to provide the care and support they needed. They told us their care workers usually arrived on time and stayed the agreed length of time for each visit. Their comments included, "The [care workers] are always on time but if they are running a bit late they always phone and let me know" and "My care workers are very punctual and always stay the right amount of time, unless I tell them to go because they have finished helping me and there's nothing for them to do."

The provider produced rotas for care workers to make sure all visits were conducted as needed and there were enough staff on duty. We saw the rotas allowed sufficient time between calls to allow the care workers to travel between people's homes. People using the service told us they were given a copy of the rota so they knew which staff to expect for each visit. One person said, "I usually have the same [care worker] but the office always tell me if there's a change." Another person said, "Someone from the office visits me whenever there is a change of carer, they are very good because they understand it makes me anxious."

There were procedures to be followed in the event of an emergency and the staff were aware of these. Care workers and people using the service had a 24 hour on call telephone number which they could contact if needed. The manager had contingency plans for providing care in the event of adverse weather, during holidays and other emergency events.



# Is the service effective?

## Our findings

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.

Care records showed that decisions about care and support had usually been made by the person using the service or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. We saw they had signed consent forms to show they agreed with the care they received. Training records showed care workers had received training regarding the Mental Capacity Act 2005. They told us people needed to be supported to make decisions about their own care and what would happen if they did not have capacity to do this. One care worker told us, "I have completed the training on the Mental Capacity Act. This is a about a person's ability to make decisions about their care." A second care worker said, "We should support people to make decisions about their care and help them to be as independent as possible."

We saw that people had signed consent to their care and treatment from the agency. Where people were unable to sign there was a record of their verbal agreement or their needs had been discussed with their representative who had signed their agreement.

People using the service were cared for by staff who had been appropriately trained and supported. People told us they felt the staff were well trained and appropriately skilled. One person said, "I'm sure they must be trained, they all know what they are doing." The provider used an independent training company to train their care workers. The training for all staff included safe moving and handling techniques, food hygiene, safeguarding, infection control, nutrition, emergency first aid, medicines awareness and the Mental Capacity Act 2005. There was evidence that the staff had completed this training when they were first employed and this was updated regularly.

Care workers told us they completed a thorough induction when they started work at the service. They said the provider told them about the agency, people using the service, their role, policies and procedures and the training the provider expected them to complete. They commented that they had undertaken a range of training and had shadowed more experienced staff for a day before they worked on their own. The care workers' files we reviewed confirmed all staff had completed the induction training and spent a day shadowing other, more experienced care workers. One care worker said, "I did the induction and covered policies and procedures, health and safety, fire safety and the people we support. I shadowed another care worker for a day." A second care worker told us, "I had a full induction, I shadowed more experienced staff and I did all training before I started visiting people on my own." We saw staff files included a record of their induction and how they performed during this, including assessments of their approach and skills.

The staff told us they had enough information about the people they cared for. They told us they would look

at the person's care plan and risk assessments and the agency provided a summary of the care and support people needed on each visit. We saw this information was available in people's care records. Care workers told us they felt well supported by the provider. They told us they met regularly as a team and had regular supervision and contact with the provider. They also said senior staff visited them when they were supporting clients to assess their work and ensure they were following the provider's policies and procedures. Staff files we saw in the service's office included records of supervision session where care workers were able to discuss their work with people using the service and other issues, including their training needs. Some care workers' records also included an appraisal of their performance and a development plan.

The provider and care workers told us there were regular team meetings and these included discussions about the service, reviews of monitoring reports by the local authority, guidance and good practice. We saw that the last team meeting was held in March 2017.

Care workers gave people the support they needed with their nutritional needs. The provider assessed these and people's care plans described their individual needs and how care workers should meet these. Where people required support with mealtimes there was information about their preferences and guidance for care workers on how to prepare their food and drinks. For example, for one person, their family prepared meals and the care staff were instructed to heat the food at meal times and prepare a drink. People using the service told us they had the help they needed with preparing meals. One person said, "If I need help with my meals the [care workers] make sure they do it."

The provider supported people using the service to meet their health care needs. In most cases, people's family members supported people to attend health care appointments and manage their medication and this was made clear in their care plan. Where people needed help and this was part of the care plan, they told us they received the support they needed. People's care records included information about healthcare professionals who supported them. Care workers told us they would record any changes in a person's health in the daily care notes and would contact the emergency services or the person's GP if necessary.

## Is the service caring?

### Our findings

People using the service told us they liked their regular care workers and described them as kind, caring and professional. People also said their care workers showed them respect. Their comments included, "The carer is always smiling, they are very kind and we have a laugh" and "My regular carer is very nice, she is friendly and always asks if I need anything else before she leaves." "[The provider] does some of my calls, she is very caring and polite to everybody." People also told us their care workers always respected their privacy and dignity. They said that the care workers always explained what they were going to do before they provided care or support and made sure they provided support with personal care in private.

Care workers told us they enjoyed caring for people and said they felt they had good relationships with the people they supported. They also demonstrated a good understanding about how to show people respect. One care worker told us, "We always have to make sure that people have their privacy." Another care worker said, "When I go to a person's home, I always greet them and ask how they are. I make sure that doors are closed when doing personal care with a client and that they are covered properly and comfortable."

People told us they were supported to do things for themselves when they were able. Their care records included information about people's abilities and the things they could do independently. The provider also recorded people's religious, cultural and communication needs and their care workers were able to tell us about these.

## Is the service responsive?

### Our findings

The provider told us that, in most cases, they did not receive a care needs assessment or care package from the local authority responsible for funding most people's care. Care managers contacted the service's care co-ordinator and they arranged to visit the person in their own homes to complete a needs assessment and risk assessment. We saw that people's care records included copies of these assessments and these gave an indication of people's care and support needs.

Some of the care plans we saw were written in the first person and described the way the person wanted to be supported with their care. For example, some records said, "I would like the carer to help me with dressing" or "Please remind me to wash and supervise me while I eat." However, other care plans consisted only of a list of tasks for care workers to complete on each visit and did not provide care workers with information about how the person preferred to be supported.

Care workers also completed a daily log sheet to record the care and support they provided for people during each visit. Two of the three records we saw were not person-centred, they referred to people as "the client" rather than their preferred name, focused on the tasks care workers completed and did not provide information relating to the person's experiences and their views during the visit. For example, one person's log sheet for every visit consisted of a short list of the personal care tasks the care worker had completed, with no reference to how the person was or any conversation or interactions that had taken place. From the daily records we reviewed, it was possible to conclude that care workers completed the physical care tasks in the person's care plan but we could not judge if people were involved in directing their care or if they were satisfied with the support they received.

People told us their care workers usually arrived on time, stayed the correct amount of time and completed all of the tasks that were included in their care plan. Their comments included, "I always have the same carer for breakfast and lunch. They are usually on time or they call me if they are going to be late. They always stay the right time and do everything I need" and "The carers are on time and they stay until everything is done. If my carer is changed, the co-ordinator comes and talks to me because she knows this makes me anxious. She is very understanding."

The provider had a complaints policy and procedure in place. People using the service told us they knew how to complain to the provider but they told us this had never been necessary. One person told us, "I would complain directly to [the provider] but there's no need." A second person said, "I've never had any complaints but I would call the office if I needed to." The provider confirmed they had received no complaints since they started supporting people in September 2016.

People using the service were able to provide feedback on the care they received. The provider told us people and their relatives could provide feedback on the service when senior staff from the service carried out spot checks on their care workers. Care records we saw included details of spot checks visits and these included the views of people using the service. Records also showed the provider contacted people by telephone to gain feedback on the care and support they received. Most of the comments we saw were

positive about the service and the care workers. At the time of our inspection the provider had not sent a satisfaction questionnaire to people using the service as they had only been providing care and support for less than a year. The provider did confirm they would complete a satisfaction survey later in 2017.

## Is the service well-led?

### Our findings

The provider's Nominated Individual was also the registered manager. They told us they had set up the agency in 2012 but had not started to support people with their personal care in their own homes until September 2016. We had stayed in contact with the provider to ensure that we inspected the service when it began offering personal care and support to people and we had asked the provider in 2015 and 2016 to notify us when they began operating. In February 2017 a member of the London Borough of Harrow's Safeguarding Assurance & Quality Services team contacted us following an inspection of the service where they had identified a number of concerns about record keeping, staff training and support. We contacted the provider who told us they had started to provide care and support to people in September 2016 but had overlooked notifying the Care Quality Commission.

The provider had systems to monitor the quality of the service that people received and to make improvements but these were not always effective. For example, although the provider had a recruitment policy and procedures, they did not always follow these and their monitoring systems did not identify issues we found during this inspection. For example, two of the five staff files we reviewed only included one reference, another did not have confirmation of a Disclosure and Barring Service (DBS) criminal records check and the provider had not identified and investigated discrepancies with a fourth care worker's employment history.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them. One person told us, "I'm very happy with my care, the office staff are very good, they understand". A care worker told us, "Yes, I feel supported. I can speak to [the provider] if there's anything I need to know. She listens."

The provider actively engaged with our inspection. They provided the information we needed to make our judgements, although some documents were not easily available as the service had moved offices shortly before this inspection. The provider also accepted that they had made mistakes that they told us they would address.

The provider had a set of policies, procedures and principles they followed and care workers understood these. The provider had reviewed these in February 2017 but we saw that some policies referred to previous legislation and regulations. The provider told us they would ensure they reviewed the policies again to make sure they reflected current legislation.

The service's charter of rights stated that people using the service had the right to independence, to have their dignity respected and to be treated as an individual and people told us their care workers followed these principles. The privacy, dignity and human rights policy also stated 'staff will respect people's preferences' and we saw this was reflected in the care records we reviewed.

The provider carried out checks with people using the service and their relatives to ensure they were happy with the care and support they received. We saw records of phone checks and people commented positively on their care and support. Their comments included, "The service has given my [family member] choice, dignity and privacy" and "My [family member's] carer is cheerful, helpful and supportive."

The provider arranged meeting for staff to update them on people's care needs, training opportunities and care practice. The last meeting was in March 2017.

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  The registered person did not assess, monitor and improve the quality and safety of the services provided.  Regulation 17 (2) (a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered person did not operate effective recruitment procedures.  Regulation 19 (2)