

Sipi Care Agency Limited

# Sipi Care Agency Ltd

## Inspection report

Dephne House  
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London  
NW10 6QH

Date of inspection visit:  
18 January 2018

Date of publication:  
28 February 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused inspection took place on 18 January 2018. We gave the provider 48 hours' notice of our visit as the service provides care to people living in their own homes and we needed to make sure the provider would be available to assist with the inspection.

We carried out an announced comprehensive inspection of this service on 18 May 2017 when we found two breaches of legal requirements regarding staff recruitment and the way the provider monitored quality in the service and made improvements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this announced focused inspection on 18 January 2018 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. We inspected the service against two of the five questions we ask about services: is the service Safe and Well-Led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sipi Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Sipi Care Agency Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people and younger disabled adults. At the time of this inspection the service was supporting 10 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.

Not everyone using Sipi Care Services Ltd receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care' - help with tasks related to personal hygiene and eating. Where they do receive this support we also take into account any wider social care provided.

We found the provider had taken action to improve safety. They had reviewed their procedures for recruiting care workers and ensured they carried out checks on all new staff before they started to work in the service.

The provider had systems in place to provide safe care and support to people using the service.

Where the provider's assessments identified specific risks, they gave care workers clear guidance on how to mitigate these.

The registered manager told us they would review their medicines management policy and procedures to reflect current guidance from the National Institute for Health and Care Excellence.

The provider had policies and procedures for the control of infection and reporting accidents and incidents and they had reviewed these in February 2017.

We found the provider had taken some action to improve the ways they monitored quality in the service although further improvements were needed. We did not see evidence that the registered manager had enabled people to give their views independently, supported by an advocate or family member or evidence of other checks and audits that enabled them to monitor quality in the service and make improvements.

Where people raised concerns with the registered manager we saw they took action in response.

The registered manager actively engaged with our inspection. They provided the information we needed to make our judgements and accepted that they needed to make more progress to address issues we raised at our inspections.

## 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.

We found the provider had taken action to improve safety. They had reviewed their procedures for recruiting care workers and ensured they carried out checks on all new staff before they started to work in the service.

The provider had systems in place to provide safe care and support to people using the service.

Where the provider's assessments identified specific risks, they gave care workers clear guidance on how to mitigate these.

The registered manager told us they would review their medicines management policy and procedures to reflect current guidance from the National Institute for Health and Care Excellence.

The provider had policies and procedures for the control of infection and reporting accidents and incidents and they had reviewed these in February 2017.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

We found the provider had taken some action to improve the ways they monitored quality in the service although further improvements were needed. We did not see evidence that the registered manager had enabled people to give their views independently, supported by an advocate or family member or evidence of other checks and audits that enabled them to monitor quality in the service and make improvements.

Where people raised concerns with the registered manager we saw they took action in response.

The registered manager actively engaged with our inspection. They provided the information we needed to make our judgements and accepted that they needed to make more progress to address issues we raised at our inspections.

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## **Detailed findings**

### Background to this inspection

This focused inspection took place on 18 January 2018. We gave the provider 48 hours' notice of our visit as the service provides care to people living in their own homes and we needed to make sure the provider would be available to assist with the inspection.

We undertook this announced focused inspection on 18 January 2018 to check that the provider had followed their plan they had sent us after our comprehensive inspection of 18 May 2017 and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. We inspected the service against two of the five questions we ask about services: is the service Safe and Well-Led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

One inspector carried out the inspection. Before the inspection we reviewed the information we held about the provider and the location. This included the report of the last comprehensive inspection and the provider's action plan dated 30 June 2017.

We visited the service's office on 18 January 2018 to meet with the provider's Nominated Individual who is also the registered manager. We reviewed progress they had made to address the issues we raised following our last inspection and checked a number of records, policies, procedures and audits the provider carried out. We looked at the care records and risk assessments for three people using the service, staff records for three care workers and other records related to the running of the service.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 18 May 2017, we found the provider did not always follow their own recruitment procedures to ensure the care workers they employed were suitable to work with people using the service. 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 care workers' 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. This may have placed people using the service at risk of unsafe or inappropriate care as the provider could not be sure care workers they employed were of good character and had the qualifications, competence, skills and experience to work in the service.

The provider sent us an action plan dated 30 June 2017. They told us they would "...gather all the information from the references and write to or phone the providers of references. Ask for original education certificates, no photocopies. Check all these references before offering employment".

During this focused inspection we reviewed the staff recruitment files for three care workers. All three files included an application form, employment history, interview record, two references and a Disclosure and Barring Service (DBS) criminal records check. Where the registered manager had obtained references we saw they had verified these by calling the referees. The registered manager was also able to describe the actions they would take to reassure themselves if an applicant declared convictions on their application form that were also included on their DBS check. This was evidence the provider had taken action to address the breach we identified at our last inspection.

The provider had systems in place to provide safe care and support to people using the service. They had reviewed their safeguarding adults policy and procedures in February 2017 and we saw these included clear guidance for care workers on how to identify and report possible abuse. The procedures also included contact details for the safeguarding adults teams in the London Boroughs of Ealing, Brent and Harrow. Staff records showed that care workers had completed safeguarding adults training and the registered manager confirmed there had been no safeguarding adults concerns since our last inspection.

The care records we reviewed included assessments of possible risks to people using the service. For example, before they started to provide care to people, the provider completed an assessment of possible risks in their home. This included checking the maintenance and service records for any equipment care workers needed to use when supporting the person. Where the assessment identified specific risks, the provider gave care workers clear guidance on how to mitigate these. For example, one person's home environment presented some problems and challenges for the person and their care workers. The registered manager made sure care workers understood the importance of encouraging the person to maintain fire safety standards, as well as ensuring they were able to move around the property safely. We saw the registered manager had also worked with the local authority and shared information to ensure a consistent response to the risks they had identified.

Before they started to provide care to people using the service the registered manager visited them at home and carried out an assessment of their support needs. The assessments we saw showed that where people needed support from more than one care worker on each visit, the registered manager arranged this. The daily care notes we saw were signed by both care workers and the time sheets we checked showed that where people needed support from two care workers, this was provided.

The provider had a policy and procedures for the management of people's medicines and they had updated this in February 2017. The procedures gave care workers guidance on the support they could provide to people with their prescribed medicines but did not reflect National Institute for Health and Care Excellence (NICE) guidance on Managing Medicines for Adults Receiving Social Care in the Community, issued in March 2017.

The registered manager confirmed that at the time of our inspection, care workers did not physically administer people's medicines. However, when we checked the daily care notes care workers completed for three people we found that some of the recording did not accurately reflect the support people received. For example, in all three records care workers recorded they 'gave' people their medicines. Following the inspection we referred the provider to the NICE guidance and they agreed to review their procedures to reflect this.

The provider had a policy and procedures for the control of infection and they had reviewed these in February 2017. The staff records we checked during the inspection also showed that all care workers had completed infection control training. The registered manager was able to show us they had supplies of gloves, aprons, sleeves, shoe covers and sanitising gel so that care workers had access to the personal protective equipment they needed.

The provider had reviewed their policy and procedures on reporting accidents and incidents in February 2017 and they kept a record of accidents and incidents affecting people using the service. The registered manager confirmed there had been no accidents or significant incidents since we registered the service and they started to support people in their own homes. They told us they would report any incidents to the local authority and the Care Quality Commission, discuss with care workers in supervision and team meetings and implement any changes they needed to make to improve the delivery of care and support to people using the service.

## Is the service well-led?

### Our findings

At our last comprehensive inspection on 18 May 2017, we found the registered person did not assess, monitor and improve the quality and safety of the services provided. For example, although the provider had a recruitment policy and procedures, they did not always follow these and their monitoring systems had not identified issues we found during our inspection.

The provider sent us an action plan dated 30 June 2017 and told us they would, "Monitor and audit the services, maintain accurate, complete, detailed records of each service user and records relating to staff". They added, "I will send out questionnaires together with self-addressed and stamped envelopes for quick returns".

During this focused inspection we asked the registered manager to update us on the progress they had made to monitor quality and improve the service they provided. They were able to show us they had reviewed their care governance policy and procedures in February 2017. We saw this referred to the Care Quality Commission, the Health and Social Care Act Regulations, obtaining the views of people using the service and carrying out audits. However, we found the provider had made only limited progress in implementing these systems.

We did not see evidence that the registered manager had enabled people to give their views independently, supported by an advocate or family member or evidence of other checks and audits that enabled the registered manager to monitor quality in the service and make improvements. For example, they told us they checked the daily care notes care workers returned to the office at the end of each month. However, we found that these checks did not pick up some issues the provider needed to address. This included the need to improve the recording of the support care workers gave people with their prescribed medicines. We discussed this with the registered manager during this focused inspection and they told us they would take action to make sure they followed their care governance policy and procedures.

The registered manager showed us that they had visited three people using the service and their families between August and November 2017. During the visits they supported each person to complete a quality assurance questionnaire and comment on the care and support they received. People's comments included, "Care workers are very cheerful, always smiling", "The care workers stay more than their scheduled time", "Care workers are hardworking and very polite. I am respected and listened to" and "All my needs are met. The care workers are very diligent and committed to their work".

Where people raised concerns with the registered manager during their visits we saw they took action in response. For example, one person said they needed a wheelchair due to decreased mobility and the registered manager wrote to their GP requesting a referral for an assessment. A second person said they were no longer able to rely on a relative's support and we saw the registered manager had liaised with the local authority and written to the person with a progress report. A third person also said they needed more support and we saw the registered manager had agreed an additional 30 minute evening visit with the local authority responsible for funding their care.



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. When we planned this focused inspection we found the provider had not included on their website the rating we awarded the service following our comprehensive inspection in May 2017. We pointed out to the registered manager that this was a legal requirement and they arranged for the rating to be displayed before we visited the office on 18 January 2018.

The registered manager actively engaged with our inspection. They provided the information we needed to make our judgements and accepted that they needed to make more progress to address issues we raised at our inspections.

The registered manager arranged meetings for staff to update them on people's care needs, training opportunities and care practice. We saw they held meetings in April, June, August and November 2017 where they shared information with care workers and discussed issues that included the last Care Quality Commission inspection report, updates from the local authority and changes to care practices. They had also used the meetings to remind care workers about the provider's policies and procedures for recording, punctuality, uniform and identification. We also saw they had given all care workers dates for monthly team meetings arranged for 2018.