

Sirius Home Care Limited

Sirius Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sirius Homecare is a domiciliary care service providing care and support to people with a range of support needs living in their own homes. There were 51 people being supported by the service at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

People were happy with the care and support they received from the service. People and their relatives felt fully involved in their assessments of risks and needs. An electronic care planning system supported the service to identify people's needs, support and risks. In some areas, more information was needed to manage risks to people. We have made a recommendation about this.

Medicines were managed safely. Staff recruitment was robust, and people told us staff were punctual. Staff understood the importance of infection prevention and control.

Staff had received training and support to enable them to carry out their role. People received support on time and their health was well managed. Staff received spot checks and supervision to help them support people effectively. The service was pro-active in recognising people's diverse needs and supported them accordingly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

People told us staff across the service were caring, kind and respectful. People's individual preferences and routines were supported by staff who were person-centred. People's privacy and dignity were respected; staff put them at ease when providing support with personal care and bathing.

The registered manager's values and vision for the service were embedded by committed, well trained staff. The provider was developing the quality assurance and governance systems to embed lessons learnt and further develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sirius Homecare

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 conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sirius Homecare is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to ensure staff would be available at the office to assist.

Inspection activity started on 15 July 2021 and ended on 21 July 2020. We visited the office location on 15 July 2021.

What we did before the inspection

We reviewed information we had received about the service. This included information from the provider and from other sources. We requested feedback from the local authority who contracted with this service. We used all this information to plan our inspection. Due to technical problems, the provider was not able to complete a Provider Information Return [PIR] prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider sent the PIR to the inspection team during the inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, registered manager, assistant manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been recognised and assessed.
- Care plans and risk assessments contained information about people's individual circumstances, what was important to them, and religious and cultural requirements, as well as the care and support they needed.
- The service used a computerised care planning, recording and communication system. Information on the system was always available to staff. A small number of records lacked specific detail on how to mitigate and manage risks to people. There was no risk to people as staff knew to mitigate these risks.

We recommend the provider seeks appropriate guidance to support the recording of risk management and update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had safeguarding policies and procedures in place, which staff were aware of. The management team had oversight of any concerns raised and took action to minimise risks to people, as well as liaising appropriately with other professionals.
- People and their relative felt the service was safe.

Staffing and recruitment

- Staff were recruited safely. The provider completed appropriate pre-employment checks, including checks with the Disclosure and Barring Service (DBS). The DBS helps employers ensure that staff are safe to work with vulnerable people.
- There were enough staff to meet people's needs. People told us their care was usually delivered at the right time, for the right length of time and by a consistent staff team. Comments included, "I sit knowing they are coming, it gives me security. They [staff] never let me down", "There are enough staff" and "I have had five different carers since September, they are all very good."

Using medicines safely

- People's medicines were managed safely. The provider used an electronic medicines administration system. This did not allow staff to end a care visit without having recorded an outcome for all prescribed medicines.
- Staff received medication training as part of their induction and their competency had been assessed. A member of staff said, "Medication competence is assessed through shadowing shifts where a supervisor

assesses my ability in person."

Preventing and controlling infection

- The registered manager ensured staff took part in weekly testing for COVID-19.
- Staff told us they had good supplies of PPE (personal protective equipment) and received training in how to use it. People who used the service confirmed that staff wore PPE.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were assessed before they started using the service.
- Following the initial assessment, risk assessments and individual care plans were developed with the person and their relatives where appropriate.
- Staff told us care plans were easy to follow and gave a clear picture of people's preferred routines and care needs. One member of staff commented, "All information regarding people's risks and support are available on the electronic system. I have time to read them and they are kept up to date."

Staff support: induction, training, skills and experience

- People were supported by staff who had skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had the skills and knowledge to meet people's needs.

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

- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans.
- People's dietary preferences were recorded, and staff told us they asked people about their preferences when preparing food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed. Referrals were made to a range of professionals when required, to support people's changing health care needs.
- Staff understood people's health needs and knew how to access additional support if this was needed. We saw examples of the service working with specialist nurses when providing end of life support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment 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. We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA. Consent to care and treatment was routinely sought.
- People were involved in decisions about their care. If a person had a Lasting Power of Attorney in place, this was noted in their care documentation.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for and supported by staff that were kind, patient and respectful.
- People were happy with the care provided and praised the staff. Comments included, "They treat me with dignity" and "The staff are fantastic, I am over the moon. They respect my dignity and privacy, support my independence and they really engage well with me their company is wonderful."
- Staff demonstrated a good knowledge of people's personalities and what was important to them.
- It was apparent there was a caring culture embedded at every level of the organisation. The provider allocated staff to people, which remained consistent and trusting working relationships were developed.

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

- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and advocates were fully involved in the care planning process.
- Staff knew people well and supported them to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were committed and passionate about treating people as individuals and responded quickly to people's changing needs. This ensured people received the right care and support to enhance their wellbeing.
- Relatives were happy with the care provided. One relative told us, "I hear the conversations between staff and my relative, they chat, whilst respecting their dignity. They prompt my relative to support their independence and encouraged them to wash their hair."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's needs, likes and dislikes.
- People and their relative were fully involved in the care planning process. Regular meetings and updates were completed to ensure the correct care and support were received.
- People and their relatives were happy with the communication systems and care from the service. Comments included, "You can tell the staff like their job, they are all dedicated to their job. They always want to please you, it's the personal touch" and "They [staff] understand my relatives condition, if they are feeling low they report back to me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss, and in some circumstances to their carers.

- People's communication needs were assessed and recognised. Information was available in an accessible format to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to remain in contact with family and friends. A relative told us, "My relative has a wipe board with all the telephone numbers on and the carers prompt him to call people"
- The service valued people's individuality and were innovative in their actions to boost their wellbeing. For example, supporting people to get dressed up to watch strictly come dancing.

Improving care quality in response to complaints or concerns

- Concerns and complaints at the service were responded to appropriately. Minor concerns were addressed quickly to prevent them from escalating into official complaints. All were documented, investigated and appropriately addressed.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- People's care records detailed their end of life wishes.
- The provider was able to adapt quickly to people's end of life wishes and provide continuous care and

support during this time.

- The provider had systems in place to ensure staff received appropriate support following end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their roles and responsibilities.
- Systems to manage quality within the service were completed on a regular basis. This enabled the service to collate information to show how the service was performing. Discussions were held with the provider and registered manager around embedding lessons learnt into quality improvement processes.
- Recording issues relating to risks to people, found during the inspection were addressed immediately and quality assurance systems were updated to include regular checks on risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was run by the owners who were the directors; one of the directors was the registered manager. Both directors worked collectively with all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- Comments from people and their relatives included, "The service is well managed; staff come on time, go above and beyond, there is always dialogue, it's a nice relationship, and it makes my life so much easier" and "The service is excellent. I can't recommend it highly enough. It is professional and heartfelt care, they have turned my relative's life around."
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- The registered manager had submitted notifications as required by duty of candour legislation.

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

- The management team visited people during care calls to gather feedback from people and relatives on their experiences of the service.
- We saw the service had received numerous compliments. People and relatives were complimentary about all aspects of the service.
- Staff felt extremely supported by the provider and registered manager. Staff told us communication was good and they were kept informed of important changes in people's needs.

