

Sincere Care Ltd

# Sincere Care Limited

## 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 caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place over two days on the 9 and 11 September 2015 and was announced. At the previous inspection of this service in September 2013 we found one breach of regulations because the provider did not have sufficiently robust staff recruitment procedures in place. During this inspection we found improvements had been made to the way staff were recruited.

The service is registered with the Care Quality Commission to provide support with personal care to adults living in their own homes. At the time of our inspection 40 people were using the service. The service

had a registered manager in place. 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.

People were at risk because the provider had not carried out adequate risk assessments relating to moving and handling. Care plans were in place but these did not contain detailed information about the individual person

# Summary of findings

or how to support them in a personalised manner. The service did not have effective systems in place for monitoring the quality of care and support provided or for seeking feedback on the service from people.

People told us they felt safe using the service. Adequate arrangements were in place relating to safeguarding adults. Enough staff were employed to meet people's needs.

Staff were supported by the service through the provision of training and supervision. However, staff had not undertaken training about the Mental Capacity Act 2005. The Mental Capacity Act 2005 is law designed to protect people's rights to make decisions for themselves where they have the capacity and to make sure decisions are made in their best interests where they lack capacity. People were able to make choices about their care.

Where the service supported people with meal preparation people were able to choose what they ate. The service worked with other agencies to promote people's wellbeing.

People told us they were treated with respect and that staff behaved in a caring manner. Staff had a good understanding of how to promote people's dignity.

The service had a complaints procedure in place and people were aware of how to make a complaint.

Staff told us they found the management of the service to be supportive and helpful.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

# Summary of findings

## 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. The provider had not carried out adequate assessments of the risks people faced in relation to moving and handling.

Safeguarding adults procedures were in place and staff had a good understanding of their responsibilities with regard to safeguarding.

There were enough staff employed to meet people's needs. Robust staff recruitment procedures were in place. The service had a procedure in place about the safe administration of medicines.

**Requires improvement**



### Is the service effective?

The service was not always effective. Staff received training and supervision, however, they had not undertaken training about the Mental Capacity Act 2005.

We were told that people using the service all had capacity and we found people were able to make choices about their care.

People received support with the preparation of food and drink and were able to choose what they ate.

The service worked with other agencies to promote people's wellbeing.

**Requires improvement**



### Is the service caring?

The service was caring. People told us that staff were caring and respectful. Staff were aware of the importance of treating people with respect and knew how to promote people's dignity.

**Good**



### Is the service responsive?

The service was not responsive. Although care plans were in place for people these were very basic. They did not contain information about how to support people in a personalised manner or to meet their individual needs.

The service had a complaints procedure in place. People we spoke with said they knew how to make a complaint if needed.

**Requires improvement**



### Is the service well-led?

The service was not well-led. The provider did not have effective quality assurance and monitoring systems in place. The systems for seeking feedback from people that used the service were not sufficiently robust.

The service had a registered manager in place. Staff told us they found the senior staff to be supportive and helpful.

**Requires improvement**



# Sincere Care Limited

## 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 the 9 and 11 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications the provider had sent us.

The inspection was carried out over two days. The first day was spent at the service's office and the second day was spent conducting telephone interviews with people that used the service, their relatives and members of staff. We spoke with four people that used the service and one relative. We spoke with four members of staff, this included the provider and three care assistants. We examined six sets of care records relating to people and six sets of staff records including staff training, supervision and recruitment records. We looked at various policies and procedures including those relating to complaints and safeguarding adults. We contacted the local authority with responsibility for commissioning with the service. They did not raise any concerns with us about this service.

# Is the service safe?

## Our findings

At the previous inspection of this service in September 2013 we found one breach of regulations because the provider did not have sufficiently robust staff recruitment procedures in place. During this inspection we found improvements had been made to the way staff were recruited. We checked staff files which contained details of staff's previous employment history, employment references, proof of identification and criminal records checks. This helped ensure that suitable staff were recruited to work with people.

People were put at risk because the service had not carried out comprehensive risk assessments. Risk assessments were either not in place at all or included very little information. For example, the care plan from the local authority for one person set out that they had high needs with regard to moving and handling. The care plan stated, "Needs assistance of two persons and a hoist to transfer between chair, commode and bed." But there was no risk assessment in place around this. Another person's care plan stated they were able to transfer with the support of staff, but again, there was no moving and handling risk assessment in place. Only one of the care files we looked at included any information about providing support with moving and handling and this did not provide adequate information about how to keep the person safe, simply stating, 'uses zimmer frame, cannot stand for long'. Moving and handling risk assessments provide information and guidance to staff about potential risks people face and how staff can support people in a safe way by taking steps to reduce any risk.

Lack of adequate risk assessments potentially placed people at risk and is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risk assessments were in place for people which included information about how to manage and reduce risks people faced. These included assessments of the physical environment and of COSHH products.

The provider told us that none of the people that used the service exhibited behaviours that challenged others. They told us the service did not use any form of physical restraint, saying, "We don't do that at all."

People and their relatives told us they felt safe using the service. A relative said, "I have left [relative] alone with them. She is safe." A person that used the service told us staff supported them to transfer from their bed to the chair and said they felt safe when using the hoist. People said if they needed the support of two staff to provide safe care that was always provided. One person said, "If one person [staff] is held up the other waits so there are always two of them." Another person said about staff that they felt, "Really safe with them."

The provider told us the service followed the host local authorities adult safeguarding procedures and we saw a copy of this was available at the service. The provider and staff were aware of their responsibilities with regard to safeguarding and knew they were obliged to report any safeguarding allegations to the local authority and the Care Quality Commission. The provider told us the service had not had any safeguarding allegations since the previous inspection. A whistleblowing procedure was in place which made clear that staff had the right to whistle blow to outside agencies if appropriate.

The service had a policy in place which made clear staff were not allowed to borrow or take money from people and were not permitted to be beneficiaries of people's wills. Staff were permitted to accept small gifts from people but these had to be reported to senior staff. The provider told us the service provided a shopping service for one person. They said staff had to provide the person with receipts for the shopping and that the person had the capacity to check these for themselves. We spoke with the person who confirmed this.

Staffing levels were determined by the local authority with responsibility for commissioning the care together with the person that used the service. The provider told us they matched staff with people in the same geographical area so that it was easier for staff to get between appointments. This helped staff to arrive on time to support people. The provider told us that they employed sufficient staff to cover appointments if the regular carers were not available. They told us as they lived close to many of the people that used the service they were often available to provide staff cover themselves at short notice. People told us that staff were reliable and punctual. A relative said, "They are always on

## Is the service safe?

time” and added that staff stayed for the full amount of time assessed as being required. Another person that used the service told us, “They are good with the timekeeping, they are very rarely late.”

The service had a policy in place covering the administration of medicines. The provider told us the service provided support to people with reminding them to take their medicines but that they did not directly administer medicines themselves.

# Is the service effective?

## Our findings

People and their relatives told us staff knew how to support them and that they had the necessary skills. One person said, “The carers I’ve had are very good. I don’t have any trouble with them.” The same person told us, “Oh yes, they [staff] know exactly what to do.” A relative said, “They are good at that” when talking about how staff supported a person to use a hoist. Another person told us when they were going to have a change of care staff, “They trained the other one up so she knew what to do.”

Staff received induction training on commencing work at the service. Part of this was shadowing experienced staff as they carried out their duties. This enabled new staff to learn how to provide support to individual people. The provider told us they always checked with people first to make sure they were happy for the new staff to come and observe the care they received. In addition to the shadowing, new staff also undertook classroom based training. Records showed this covered safeguarding adults, dementia care, health and safety, first aid and moving and handling. After their induction staff received on-going refresher training, for example safeguarding training was held every year and moving and handling training every two years.

Staff told us and records confirmed that they had one to one supervision with a senior member of staff. One member of staff said, “We go to the office and talk about things we should know. We talk about the job and the clients and all that.” Topics covered in supervision include training and development needs and issues relating to people that used the service.

People told us they were able to make choices about their care. One person said, “They [staff] do say ‘do you want this, or do you want that?’” Another person said, “I’ve got my own brain and I choose my own clothes.”

The provider told us that the service supported people to make choices and that people had the right to refuse care if they wished. However, the provider did not have a good understanding of the Mental Capacity Act 2005 and told us neither they nor the staff had undertaken training about it. The provider said it was not a current issue at the time of our inspection as all people that used the service had the capacity to consent to their care or otherwise. The provider said if a person lost capacity they would speak with their family members about the person’s care. **We recommend that** management and care staff undertake training about the Mental Capacity Act 2005 to enable them to better support people in the event that they lacked the capacity to make decisions about their care.

The provider told us the service supported people to prepare meals but they did not support anyone with eating or drinking. They told us that as everybody had capacity all people that used the service were able to choose their meals for themselves. People we spoke with confirmed this was the case. One person told us, “They say do you want so and so for your lunch or do you want this for your evening meal.” A relative said, “[Relative] chooses the sandwich. She has favourites which she usually asks for.”

Care plans included contact details of people’s relatives and GP’s so they could be contacted in the event of an emergency. Staff were aware of how to respond to an emergency, telling us they would call for an ambulance or the person’s GP if the need arose.

The service worked with other agencies to promote people’s health and wellbeing. For example, staff had concerns about a person living in unsafe conditions due to insanitary conditions within their home. This was referred to the local authority who took steps to address the issue.

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring and that they were treated with dignity and respect. One person told us, “The two [staff] that we've got now are very good. They are more like friends than carers. I have a good laugh with them.” However, they also told us, “Some staff speak to each other in their own language. I don't mind, they always speak to me in English.” Staff should speak in a language that the person understands when they are in the person's home providing support to them out of respect to the person. Another person said, “They can't do enough for me, they are very good.” Another person told us, “The agency seems as if they are here for you. I must admit they are very good.” A relative said, “They have always been respectful of [relative].”

The provider told us they provided people with the same regular carers. This was so people were able to build up relations with their staff and get to know and trust them. It also enabled staff to get a better understanding of the needs of the people they supported. The provider told us that if a person's regular carer was not available, for example because they were on leave, they tried to get a replacement carer that had worked with the person before. This helped to promote continuity of care and to ensure people had staff they knew and felt comfortable with. A relative told us, “She [person that used the service] has two regular carers. She generally knows the carers even when it's a stand in.”

The provider told us they informed people in advance if there was going to be a change of carer. People we spoke with confirmed this. One person said, “When [care staff] went on holiday they introduced me to another girl and she was very nice. They introduced me before she started to care for me.”

The provider told us they matched staff with people who they spoke a shared language with. People and staff we spoke with confirmed they were able to speak the same language as each other. The provider told us that they only took on people as clients if they had a staff member that shared their language and that they have turned down clients in the past if they could not meet their communication needs.

Care plans from the local authority did contain some information about supporting people to be independent. For example, one care plan stated, “X needs support to wash and dress her lower half. She can wash and dress her upper half with minimal assistance.” Care plans also included some evidence that people were supported to make choices. One care plan stated, “After strip wash ask X what she wants to wear.”

Staff understood how to support people in a way that promoted their dignity and respected them. One staff member said, “If they are rude to you, you can't be rude back to them. You have to treat them with respect, treat them nicely.” Another member of staff said, “We have to respect them and make them feel as independent as possible. For example, I talk through what they can do and what I need to do with them.”



# Is the service responsive?

## Our findings

People and their relatives told us the service was responsive to their needs. A relative said, “As the months have gone on they have been able to meet [relatives] changing needs.” The same relative told us they were involved in planning the care that was provided. They said, “We had a meeting to talk about [relatives] care. I was involved. I think they are doing a good job.”

The provider told us that the commissioning local authority carried out an assessment of people’s needs before a referral was made to the service. They said they used the local authority assessment as the basis for their care plan. The provider said after receiving a referral from the local authority a senior member of staff met with the person and their relatives where appropriate. This was to assess if they were able to meet the person’s needs. At these initial meetings the service carried out risk assessments which were used alongside the local authority assessments as the basis for the care to be provided.

All the care files we looked at included an assessment of the person’s needs carried out by the commissioning local authority. These listed the tasks to be performed for each person and the times that staff were to visit people. However, they provided very little information about the way tasks were to be performed to meet the personalised needs of each individual person. The service had developed its own care plans but these were based entirely on the information provided by the local authority and did not contain any additional information. The service’s care plans included a list of the tasks to be performed and there was a space on the care plan forms next to each listed task that stated ‘client choice and preference for care’. This space was always left blank. The tasks listed for one person included: assistance with getting up and going to bed,

assistance with hand and nail care, assistance with dressing and undressing and preparation of light meals and snacks. However, no information was provided at all about how to perform these tasks for the individual person.

Care plans did not contain any information about people’s likes and preferences or their life histories. This meant staff did not have information available to them that would help them support people in a personalised individual manner.

Care plans were not always reviewed. For example, the service began providing short term crisis intervention care for a four to six week period for a person discharged from hospital on 3 February 2015. The care plan was very basic. It said the person needed, “Assistance with personal care tasks and meal preparation.” There was no detailed information about how these tasks were to be performed. The provider told us that after the initial period of crisis intervention support this person had moved onto long term care with the service. However, the care plan had not been reviewed to reflect the change of circumstances.

Lack of information about the individual needs of people and how care was to be supported in a personalised manner was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they knew how to make a complaint. One person said, “I complained about one girl [staff] and they put another girl in her place. She was much better.” Another person told us they would complain to the staff at the office but added, “I’ve not got any complaints at all.” A relative said, “I would just phone the office if I had a complaint.”

The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. The provider told us each person was provided with their own copy of the complaints procedure. We were told the service had not received any complaints in the past year.

# Is the service well-led?

## Our findings

One person told us senior staff contacted them about their care. They said, “They come and see me and telephone. They ask how I am getting on, how is it working out, the same kind of things you are asking.” Other people told us they did not have any contact with senior staff. One person said of the provider, “No, I have never seen her.”

The provider told us they phoned people to seek their feedback on the care provided and to monitor the quality of support. They said they made changes as a result of feedback from people. For example, some people had expressed dis-satisfaction with their care staff and as a result alternative care staff had been arranged for those people. People we spoke with confirmed that this had occurred and that they were happy with their new carers and with the way the service had dealt with the issue. However, the provider told us they did not keep any records of their telephone monitoring.

The provider told us that they registered manager carried out visits to people’s homes to monitor the service. Records showed that the registered manager visited people at the commencement of their care. However, there were no records of any further visits to people by the registered manager after this.

The provider told us they did not carry out any audits of care plans. The provider told us they read and checked

people’s daily care records but they did not routinely check care plans. If care plans were audited the service might have picked up on deficiencies within the care plans and risk assessments that we identified within this report.

The provider told us that staff had the opportunity to discuss the service and feedback their views through supervision and records confirmed this. However, we were told that the service did not hold staff meetings. This meant staff did not have the opportunity to collectively discuss issues of relevance to them.

The lack of effective quality assurance and monitoring systems are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place that was supported by the provider and a senior carer in the running of the service. At the time of our inspection the registered manager was on leave and the provider had taken over responsibility for the day to day management of the service. Staff we spoke with told us they found the senior staff to be supportive. One staff member said, “They are very good, they have helped me a lot.” Staff told us that there was an out of hour’s on-call system so that they were able to access support from senior staff at any time. One staff member told us, “I have got three numbers to call. If I call number one and nobody picks up I can call number two or three.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Service users were put at risk because the provider had not carried out adequate assessments of the risks they faced. Regulation 12 (1) (2) (a)

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not carried out an assessment of service users' needs that set out how to meet their needs and preferences in a personalised manner. Regulation 9 (1) (a) (b) (c) (3) (a) (b)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems in place to monitor the quality of service provided or to seek feedback from people that used the service. Regulation 17 (1) (2) (a) (b) (e)