Sincere Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 21 September 2016 and was announced. The service was last inspected in September 2015. During that inspection we found three breaches of legal requirements. This was because risk assessments about moving and handling were not sufficiently detailed, care plans were not personalised around the needs of individuals and the service did not have sufficiently robust quality assurance systems in place for seeking the views of people that used the service.

During this inspection we found that care plans were now personalised and the service had systems in place for seeking people's views. However, risk assessments relating to moving and handling were still not of a satisfactory standard.

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 39 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.

The registered manager had not undertaken training about safeguarding adults and did not have a good understanding about his responsibility for reporting any allegations of abuse the relevant local authority.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this
Report.

People told us they did not have any missed calls and that staff attended when required. The service had robust staff recruitment procedures in place. Medicines were managed in a safe manner.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. People were supported with medical appointments if required.

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

Care plans were in place for people which set out their needs and the support they required in a personalised manner about the individual person. The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

People and staff spoke positively of the management at the service. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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

The service was not always safe. Risk assessments around moving and handling contained inaccuracies and were not sufficiently detailed.

Although care staff had received training in safeguarding adults, the registered manager had not, and they did not have a good understanding of their responsibility for reporting any allegations of abuse.

There were enough staff employed by the service to attend to people's appointments and people told us they had not had any missed calls. The service had robust staff recruitment procedures in place which helped ensure suitable staff were employed.

Where support was provided with medicines this was done in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received regular one to one supervision and appraisals.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported with medical appointments where required.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were regularly reviewed so that they were able to reflect people's needs as they changed over time. Care plans were personalised, containing information about how to meet the needs of individuals.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place. People and staff spoke positively of the management at the service.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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 21 September 2016 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 team consisted of an inspector 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.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous registration reports and any notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with six people that used the service and two relatives. We spoke with six staff; this included the provider, the registered manager, the care coordinator and three care assistants. We reviewed various documentation. This included eight sets of records relating to people including care plans and risk assessments. We looked at medicines records, the staff recruitment, training and supervision records for five staff, records of quality assurance systems and various policies and procedures. This included the safeguarding adults and complaints procedures.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection of this service we found that risk assessments around moving and handling were insufficiently detailed and a requirement was made about this. During this inspection we found that this issue had not been satisfactorily addressed.

The risk assessment for one person stated, "Client has right sided paralysis, poor mobility and needs assistance to transfer." The risk assessment said that a wheel chair, a high chair and a walking stick were used by the person. However, the provider told us this information was inaccurate and in fact the person did not require support with transfers.

The risk assessment about moving and handling for another person stated, "Client should be attended by two carers at all times. Please use hoist and other equipment provided to transfer. However, there was no information or guidance for staff about how to support the person with transfers or what the 'other' equipment referred to in the risk assessment was or how it was to be used.

The risk assessment for another person on moving and handling stated, "[Person that used the service] is to be supported with transfers out of bed by one carer and a slide board onto her char." However, both the provider and the care coordinator told us in fact the person needed the support of two staff for all transfers and they did not use a slide board.

Inaccurate and incomplete risk assessments potentially placed people who used the service and staff at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that risk assessments were of a satisfactory standard for risks other than those associated with moving and handling. The care coordinator told us they carried out an assessment of the person's home to make sure the physical environment was safe. They said, "I do an inspection of the house and the environment and I check the equipment of the house and see if there is anything that is a risk to the client or the staff." Records confirmed that risk assessments were carried out of the physical environment. These looked at issues such as whether the flooring was in good condition, were there any loose mats or rugs that might present a trip hazard, if there were any steps or changes in level and if any surfaces were slippery or potentially slippery. Other risk assessments included the risk of choking one person had and what action was required by staff to mitigate that risk.

The service had a safeguarding adults procedure in place This stated that any allegations of abuse should be reported to the 'Independent safeguarding authority'. The provider explained this referred to the local authority adults safeguarding team. However, the registered manager did not have a good understanding of the procedure or of their responsibility with regard to safeguarding adults. When asked what action they would take if a person told them a staff member had hit them, they said they would discuss this with the person and the staff member and make sure the staff member ceased working with the person in question. But they said the staff member would be able to carry on working with other people and they would not

report the issue to the local authority. They said, "In the first instance I wouldn't report it to the council but I would if it happened again. All allegations of abuse should be reported to the local authority within 24-hours. The registered manager told us they last had training about safeguarding adults, "About three years ago." They said this was with another employer before they took up their post as a registered manager. They said they had not undertaken any safeguarding adults training since they were recruited by Sincere Care Limited.

Lack of understanding about how to respond appropriately to allegations of abuse potentially put people at risk. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff were aware of their responsibility for reporting allegations of abuse and had undertaken training about safeguarding adults. One staff member said if they suspected abuse, "I would whistle blow. I would tell them, go straight to the manager and tell them." Another member of staff said, "I call the office to report abuse." Another member of staff said, "I would get straight on to the agency and ask for a confidential chat [if they suspected abuse had taken place]."

The service had a policy which made clear staff were not permitted to accept any cash gifts from people or be a beneficiary of a person's last will and testament. The provider told us the service did not handle people's money or carry out any shopping services for people. This reduced the risk of financial abuse occurring.

People told us they felt safe using the service. One person, when asked if they felt safe, replied, "Yes I do. I'm very happy with the care I'm getting." People said staff were usually punctual and that there had not been any missed calls. One person told us, "'I've never had a missed call. The timekeeping's usually very good and if they are going to be late they'll let me know. I have one regular carer." Another person said, "The timekeeping's very good."

The provider told us that the level of staff support people received was decided by the commissioning local authority in conjunction with the person using the service. They told us where they felt that staff did not have enough time to meet people's needs or if people's needs changed so they required more support they reported this to the local authority. This was so the local authority could allocate extra staff time to the person if required. The provider told us that to their knowledge there had not been any missed calls in the past six months and people we spoke with confirmed this. Staff told us that they were never expected to provide single staff support where a person required the support of two care staff. One staff member said, "They [senior staff] tell us to wait 10 minutes and if the other carer has not turned up phone the office."

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on staff before they commenced working at the service. One staff member said, "I had an interview, they asked for references." Records showed that staff attended an interview and submitted an application form to demonstrate their suitability for the job. They then supplied employment references, proof of identification and undertook a criminal records check. This meant the service had taken steps to help ensure suitable staff were recruited.

We found that employment application forms asked for details of people's marital status. We asked the registered manager the reason for this. He told us it was because if it was a female applicant and they were married, they might not be able to work in the afternoons as they might have to be at home to cook their husband's dinner. We discussed this with the provider who agreed in future job application forms would not ask for details of people's marital status.

Where the service supported people with medicines risk assessments were in place about this setting out how to support the person safely. The provider told us the service supported people to take medicines which were in blister packs. This was where each dose of medicine was in its own separate compartment which reduced the risk of errors occurring with its administration. Where staff supported people to take their medicines, medicines administration record (MAR) charts were in place. These included the name, strength, and dose of the medicine and the time it was to be administered. After each administration staff signed the MAR chart to indicate it had been administered. Completed MAR charts were returned to the office where they were checked by the provider. We checked a sample of completed MAR charts and found they were accurate and up to date. This meant the service had systems in place to support people with their medicines in a safe manner. Staff understood that people had a right to refuse to take their medicines but recognised this posed a risk to people. One staff member said, "If they refuse their medicines we must contact the agency."

Good

Is the service effective?

Our findings

People told us their care was consensual. One person said, "They always ask me first." Another person said, "They offer me choices so I can decide" and another person told us, "I feel in control." A relative said, "They put things into yes/no format for her to decide" which made it easy for the person to make choices. People said they were supported appropriately when asked if the staff supported them to prepare meals. One person said, "They make sure I'm ok before they go [in terms of providing food and drink for the person]."

The provider told us that new staff shadowed experienced staff members for a week as part of their induction. Care staff confirmed this. One care staff said, "I did shadowing with a senior colleague, taking care of the clients. Teaching me how to care for them." This gave new staff the opportunity to learn how to provide support to individuals. Records showed that new staff also completed the Care Certificate. One recently recruited member of staff said, "I got my [Care] Certificate." The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Records showed that staff had regular training. This included training about infection control, safeguarding adults, medicines, health and safety, moving and handling and fire safety. At the previous inspection of this service in September 2015 we recommended that staff be provided with training about the Mental Capacity Act 2005 and during this inspection we found this had been done. Staff told us they had undertaken training. One staff member said, "I had moving and handling and then I had care for the elderly [training]."

Staff undertook appraisals/supervisions of their performance and development needs. This was a two part process. The first part consisted of staff completing a self-assessment form, the second part consisted of a discussion about their self-assessment with the care coordinator. A staff member told us, "I had an appraisal about a month ago. They discussed if I am happy, is there any further training I would like to go on, are there any problems." We saw completed self-assessment forms which covered the person's achievements at work, issues that made it difficult for them to do their job well and any challenges at work. We saw one staff member had said it was difficult to get between clients in a timely manner and this had been addressed. The provider told us they sought to match staff with clients that lived close to each other so they had sufficient time to get from one appointment to another.

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

The provider told us that it was the responsibility of the commissioning local authority to carry out any mental capacity assessments and this was something the service did not do. The provider told us that most people using the service had capacity to make decisions over their care. Where people lacked capacity family members provided information about people. For example, one relative provided information about the type of clothing the person liked to wear. Staff told us they supported people to make choices, for

example one staff member said, "I ask them what they want to wear."

Care plans made clear that where people were supported with meal preparation they were to be given a choice of what they ate. For example, one care plan stated, "Ask client what she would like for breakfast. Leave snacks and drinks between visits." A staff member that prepared meals for a person said, "We ask her [what she wants to eat]." Another member of staff said, "The food that they want we give according to what they like to eat at a particular time." The provider told us the service did not support anybody with eating and drinking at the time of our inspection.

Care plans included details of people's medical history and current medical diagnosis. This meant the information was readily to hand in the event of a medical emergency that necessitated the calling of emergency services. The provider told us that if requested the service was able to provide people with support to attend medical appointments, but said this was usually done by people themselves or with the support of family members. One person using the service said, "They will help me if I ask them. They read letters [of appointments] to me." Staff were aware of their responsibility for contacting medical services in the event that professional support was required. For example, staff had called for an ambulance where there had been a medical emergency for one person.

Good

Is the service caring?

Our findings

People told us that staff treated them with respect and that they had good relations with the care staff. One person said, "I have regular carers who turn up on time and I know who is coming." Another person said, "They're very nice" and "They are very polite." Another person said, "They are very caring people who know what I like." A relative said, "We've got regular carers. They're like family." People told us they were supported to maintain their independence. One person said, "By helping with things I ask for help with but not things I can do myself [their independence was promoted]."

Staff told us they got to know people over time and this helped them build up good relations with the people and to understand people's individual needs. Care plans included information about people's past life history, for example in relation to their employment and family. This information helped staff to get to know people. The provider told us they sought to send the same regular care staff to work with the same people. This enabled people to get to know staff and build up trusting relations with them. It also helped staff to get to know people well and develop a good understanding of their needs. The care coordinator told us that where there was a change to a regular care staff, they phoned the person in advance so they knew to expect a different care staff.

Care plans included information about supporting people to maintain their independence. For example, the care plan for one person stated, "Encourage and promote independence as much as possible. Client would like to do things to maintain independence such as buttoning his shirt and putting his hat and scarf on." Care plans also included information about supporting people to make choices. For example, the care plan for one person stated, "Ask client what he would like to wear and assist him to dress."

Staff told us how they promoted people's dignity. For example, one staff member said, "If someone wants to use the toilet I assist them onto it and I leave the room till they call me back." The same staff member said, "I cover her legs up to wash her face, keep the curtains and door closed." This meant staff protected people's privacy. On promoting people's independence the same staff member said, "If they are able to I get the flannel and say 'do you want to wash your face'?" and "I give them the brush so they can brush their hair if they are able to." Another staff member said, "They tell us what they want, they will let us know and we will follow what they want." The same staff member said, "We cover them with towels [when supporting with personal care]." Another staff member told us how they communicated with people, saying, "I speak in a gentle tone to them. All the time I chat to them and make them feel comfortable." The same member of staff said, "Treat them as I would like to be treated myself."

The registered manager told us that where they provided support to people who did not speak English they sought to match them with a staff member who shared their language. They told us one person could not speak English, and where no staff were available that shared the person's language, family members were present to translate. This meant people were able to communicate with staff effectively. People were able to choose the gender of their care staff which helped to provide care in a way that was sensitive to the needs of the person.

Confidential records relating to people were stored in the service's office which was kept locked when not in use. Information stored electronically was password protected and only senior staff had access to this. This meant people's privacy was protected as only authorised personnel had access to confidential information about people. The service had a policy on confidentiality that made clear staff were not permitted to share information about people with others.

Good

Is the service responsive?

Our findings

At the previous inspection of this service in September 2015 we found that care plans were not personalised around the needs of individuals. During this inspection we found this issue had been addressed.

The care coordinator told us that after receiving an initial referral from the local authority they visited the person to carry out an assessment. The purpose of this was to determine what the person's support needs were and if the service was able to meet those needs. The care coordinator told us the assessment involved speaking with the person and their family members where appropriate, along with reviewing documentation provided by health and social care professionals about the person. The care coordinator said, "Even though we have an assessment from the council there may be some other things to look at."

We found that care plans were in place for people. The care coordinator told us these were based upon their initial assessment of the person's needs. Records showed care plans were subject to review. The registered manager said care plans were reviewed at least every six months and added, "But we do review it if the person goes in to hospital and is back" because in those circumstances there was a greater likelihood of a significant change in the person's support needs. Reviewing care plans meant they were able to reflect people's needs as they changed over time. Daily records were maintained by staff which helped the service to monitor that care was being provided in line with the person's assessed needs.

Care plans included information about how to support people with their personal care needs in a personalised manner based around the needs of the individual. The care plans set out each element of the personal care that was to be provided. For example, the care plan for one person stated, "Assist client with strip wash. Give the flannel to him to wash where he can to promote his independence." Another person's care plan including personalised information about supporting them with skin care, stating, "[Person that used the service] likes to sit down for long periods. Please check her pressure areas regularly, especially her heels, elbows and buttocks for redness and skin tear. If red, apply barrier cream, if broken, report to the district nurse." Other areas of personal care covered in care plans included bathing, hair care, eating and oral hygiene.

Care plans included information about contact details for people including of their GP and next of kin. However, we saw that in three care plans the next of kin details were not completed. The registered manager told us this was an 'oversight' and took steps to amend the care plans accordingly.

People told us they were consulted about their care and that the service carried out an assessment of their needs. One person said, "Two staff came out and we talked about the care." Another person said, "I had an assessment." A relative told us their relatives care plan was reviewed, saying, "Yes we have had reviews. We were both involved."

People knew how to make a complaint. One person said, "I'd get in touch with them [senior staff]" if they needed to make a complaint. One person told us they had complained about a care staff they did not get on with and were satisfied with how the service had dealt with the issue.

The service had a complaints procedure in place. People were given a copy of this so they had information to hand about how to make a complaint if they wished to. The complaints procedure included timescales for responding to complaints. However, it did not include details of who people could complain to if they were not satisfied with the response from the service. We discussed this with the registered manager who told us they would amend the procedure accordingly. The registered manager told us there had not been any complaints received since our previous inspection.

Good

Is the service well-led?

Our findings

At the last inspection of the service we found the service did not have sufficiently robust systems in place for seeking the views of people about the care they received and how the service was run. During this inspection we found this issue had been addressed.

The service had a registered manager in place. The provider was also involved in the day to day running of the service and they were supported by a care coordinator. Staff told us that senior staff were supportive. One staff member said of senior staff, "They have been very helpful. You can call them anytime, they have a 24/7 line. They are ready to help us." Another member of staff said, "She [the provider] made me feel very comfortable and welcome when I first met her."

People told us they were happy with how the service was run and that their views were asked about the service. One person said, "I've had visits where information was discussed." Another person said, "I've had surveys and reviews."

The registered manager told us they regularly visited people who used the service to discuss how things were going. They said of these meetings, "I have a chat with them, if they have any issues with the carers, if there is anything not been done." Records of these visits could not be located during the course of our inspection but the provider sent them to us shortly afterwards. Records showed these visits included reviewing the persons care plan and if they were satisfied with their care workers.

The care coordinator told us they carried out spot checks. This was confirmed by records. The spot check involved the care coordinator going to a person's house when they were due to receive care, but the care staff member was not aware that the spot check was going to take place. Records showed the checks included staff punctuality and appearance, if they sought people's consent before providing care, if they used the correct protective clothing, did they respect the persons dignity and their ability to carry out tasks. Records show that issues of poor performance were addressed, for example one spot check record showed that record keeping by the staff member was not satisfactory and needed to improve. The registered manager told us that quality assurance systems had led to other improvements. For example, they told us that medicines records were now returned to the office to be checked and that more moving and handling training was provided to staff as a result of feedback through quality assurance systems. Staff confirmed these spot checks, one staff member said, "Before our time [of the appointment] she will be here and see how we work with our clients."

The service sent out questionnaires to people and their relatives to gain their views. These asked for people's views on staff timekeeping, customer service, the quality of care, the attitude of care staff and their knowledge. Completed questionnaires seen contained positive feedback. Comments included, "She is a very good carer." "Thank you for your service, highly appreciated." "Overall satisfied with the service. [Care staff] is very helpful and very patient." "I have been completely satisfied with the care I have received" and "I find [staff member] to be helpful, kind and friendly."

Staff told us and records confirmed that the service held staff meetings. One staff member said, "We had a meeting, it was on bed sores, how to clean and wash them." The minutes from the meeting in August 2106 showed discussions about confidentiality, professionalism and the importance of not cancelling any scheduled visits to people.

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 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider did not always receive appropriate training necessary to enable them to carry out the duties they are employed to perform. In particular, the registered manager had not received training from the service provider about safeguarding adults. Regulation 18 (2) (a)