Care Quality Commission

Sonia Heway Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Inadequate
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

At our inspection on 30 and 31 March 205, we found several breaches of legal requirements. The provider had not protected people against the risk of abuse and improper treatment, arrangements to obtain consent were not robust and people's care was not always personalised. People were not always treated with respect and dignity, and there were inadequate systems to monitor the quality of the service.

We took enforcement action following this inspection and served a warning notice on the provider in respect of the most serious breach requiring them to become compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also asked the provider for an action plan to address the less significant breaches found. We undertook an announced focused inspection on 09 July 2015 to check that improvements required following our enforcement action had been made. We found that the provider had met current legal requirements for safeguarding people from abuse.

The current announced inspection took place on 22 and 23 October 2015

Summary of findings

Sonia Heway Care Agency Ltd provides personal care for people in their homes. There were 6 people receiving personal care at the time of our inspection visit.

A registered manager was in post. 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.

Arrangements for the safe management of medicines were not robust; care workers were not assessed to be competent to administer medicine. Potential risks to people were not always identified and risk management plans were not put in place to reduce the risk.

People and their relatives felt safe with the service. Recruitment checks were carried out to reduce the risks of employing unsuitable care workers. There were sufficient numbers of care workers to meet the needs of the people who used the service.

Care workers were not supported through regular supervision in line with the provider's policy. Although, care workers had received training in the Mental Capacity Act (MCA) 2005 they did not have adequate awareness and understanding of MCA and this requires improvement. When people did not have capacity to consent; action had been taken to comply with the law about obtaining consent before people received care.

Care workers knew people's preferences and treated people in a kind and dignified manner. People or their relatives where appropriate were involved in the assessment of their needs and told us they were happy with the care that was given. They felt confident they could share any concerns with the service and these would be acted upon as appropriate.

The care plans were task oriented and not person centred on each person's individual needs and there was no guidance for care workers about how to deliver specific care. Care plans were not monitored and reviewed in line with the provider's policy. Daily communication logs were maintained by care workers and people's wellbeing and any change of needs were recorded.

Despite some improvement there were still insufficient systems to monitor the quality of the service. The provider took into account the views of people using the service and their relatives through questionnaires. The results were analysed and action was taken to make improvements. Care workers said they enjoyed working at the service and received good support from the manager. The office manager conducted spot checks and made phone calls to people's homes to make sure people were receiving appropriate care and support.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.You can see what action we took at the back of the full version 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?

Inadequate

Some aspects of the service were not safe.

People were not always supported to take their medicines safely. Potential risks to people were identified but risk management plans were not put in place to reduce risk. Appropriate arrangements to manage and report accidents and incidents were not in place.

There were sufficient numbers of staff available to keep people safe. Safe recruitment practices were followed by the service.

People and their relatives told us they felt safe using the service and with care workers who supported them. There were appropriate safeguarding procedures in place and care workers had a clear understanding of these procedures.

Is the service effective?

Requires improvement

Some aspects of this service were not effective.

Care workers were not supported through regular supervision in line with the provider's policy. Care workers did not have adequate awareness and understanding of the Mental Capacity Act and this requires improvement. When people did not have capacity to consent; action had been taken to comply with the law about obtaining consent before people received care.

Care workers completed training relevant to the needs of the people using the service. People and their relatives were positive about care workers and told us they supported their family member properly.

People had access to external health care professionals as and when required.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were treated with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

Care plans were task oriented and not person centred and individual needs were not regularly assessed and reviewed. Care workers briefly recorded people's wellbeing, any change of needs to people and the tasks they carried out during their visits to people's homes in the daily communication logs.

Summary of findings

People who used the service and their relatives felt the care workers and office manager were approachable.

Is the service well-led?

Requires improvement

The service was not always well-led.

Despite some improvement there were still; insufficient systems to monitor the quality of the service. Appropriate arrangements for the management of people's medicines were not in place and there were insufficient procedures to identify possible risks.

People using the service, their relatives and care workers told us they were happy with the service they had received. Office manager conducted spot checks and phone calls to people's home to make sure people where receiving appropriate care and support.

The provider took into account the views of people using the service and their relatives through questionnaires. The results were analysed and action was taken to make improvements at the service.

Sonia Heway Care Agency Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 22 and 23 October 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 team comprised of two inspectors.

During the inspection we looked at six care plans, five care workers records and records related to the management of the service for example, quality assurance records, medicine administration records and policies and procedures. We spoke with the registered manager, one office manager, three care workers and we visited three people in their homes and spoke with people or their relatives, where appropriate, about their experiences of using the service.

Inadequate

Is the service safe?

Our findings

People and their relatives told us they received their medicines regularly. One person told us "They [care worker] reminds me of my medicines."

However, we found arrangements for the safe management of medicines were not robust. People's Medicine Administration Records (MAR) were not always recorded accurately. This was not in line with guidance from the Royal Pharmaceutical Society that states "the records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record." We found gaps in two of the six people's MAR records for the service. For example, there was a gap for a person's MAR record in relation to the administration of prescribed medicine for August 2015 for 6. Am, 2.00pm and 10,00pm. Another person's MAR sheet showed a gap during 03 to 19 June 2015. This meant that people were at risk of inappropriate care and treatment as they may not have received their medicines as prescribed.

There was no signature list to confirm the signatures of those care workers authorised to administer medicines to provide an audit trial for any errors. For example, on two people's MAR chart staff had put a tick mark or a cross on the MAR sheet with no reference to what the symbol meant. One person's MAR chart had a care worker's initials beside a medicine to show it had been administered. However, there was no record to verify which care worker's initials that it belongs to. This meant care was not provided in a safe way as medicines were not safely managed.

Care workers competency to administer medicine had not been checked. The provider's policy stated that the care workers should have been assessed as competent to carry out the task after appropriate training had been completed and before administering medicine to people. However, all staff records showed staff had received training on managing medicines but they had not had their competencies assessed to ensure they could safely administer medicine. This meant there was a risk that people may not receive their medicine as prescribed as care workers were not following the provider's own policy of administration of medication.

The medicines listed on the care plan for a person did not record the same medicines that were recorded on the medication administration record (MAR) chart and did not include any specific information to guide care workers in safe administration, such as giving the medicines with food. For example, a prescribed anti-biotic and eye drops were not recorded on the care plan. This meant people may not have received their medicines as prescribed.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Arrangements to manage and report accidents and incidents were not robust. Care workers were aware of the reporting process of any accidents or incidents that occurred at people's home to the office but there were no incidents form completed to record clearly the details of any incident or accident. We found two incidents in the daily care log in relation to people's health care needs. For example, when a person had high blood sugar levels the incident was reported to office but there was no record to suggest what follow-up action was taken. Also, when a person had sores that were bleeding and painful the incident was reported to the office but there was no information to suggest the service had taken appropriate action, to reduce the risk of future reoccurrence. Following these incidents risk assessments were not carried out, the care plan were not updated and there were no guidelines in place advising care workers on how to deliver care in a safe manner.

Potential risks to people were not always identified and risk management plans were not put in place to reduce risk. These included individual risks to the people who used the service such as pressure areas, diabetes and the risks of not having hand rails and grab rails. Although risks in these areas were identified for a person risk assessments were not carried out to ensure appropriate support to reduce the risk was provided. When we raised this concern at the inspection, The registered manager and office manager told us risk assessments would be carried out and monitored regularly. However we were unable to assess as these actions were not completed at the time of inspection.

This was evidence of a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People using the service were protected against the risks of abuse. People and their relatives told us they felt safe with the care workers. One person said, "I feel safe with them." A relative said, "They [care workers] are very reliable." Care

Inadequate

Is the service safe?

workers knew how to keep people safe, the signs of possible abuse or neglect and what they should do if they had any concerns. The office manager told us they spoke with care workers and regularly monitored care delivery to ensure care workers did not use any restrictive practices and people's care was delivered in a safe manner. The daily care logs had not recorded use of any restrictive and potential unsafe or restrictive practices when people presented behaviour that was challenging; as found at our inspection in March 2015.

The service had a policy and procedure for safeguarding adults from abuse, care workers were aware of and had access to this policy. The registered manager and care workers showed an understanding of safeguarding and knew how to raise an alert. The registered manager and care workers knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding team. Records confirmed all care workers had received safeguarding training in the last 12 months. The registered manager told us that there had been no safeguarding concerns since the previous inspection in March 2015. Safeguarding records we looked at further confirmed this.

Recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included appropriate checks for their suitability to work with vulnerable adults, including interviews, criminal record checks, and two references to ensure they were of good character, proof of identity, application form, employment history and their eligibility to work in the United Kingdom.

There were sufficient numbers of care workers to meet the needs of the people who used the service. For example, when some people needed the support of two care workers the service arranged two care workers to meet their needs. People told us that their regular care workers were reliable and there were no problems in the service providing another care worker if someone was not able to come. One person told us "If they [care worker] are late they will make it up with extra time."

Requires improvement

Is the service effective?

Our findings

Care workers were not supported through regular supervision. Care workers told us they were supported by their manager however; we found care workers had not received regular supervision in line with the provider's policy. The provider's policy stated that each care worker would receive at least six sessions throughout the year in addition to the annual performance appraisal. We found three of the five care workers had not received supervision; two of the five care workers had received one supervision only. Following our feedback the registered manager told us they would regularly carry out care workers supervision in line with their policy. However, we were not able to assess this at the time of our inspection.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We found some positive aspects of how staff were supported to deliver care to people. Records confirmed that all care workers that completed one year in employment had received an annual appraisal. Care workers training records showed that they had received mandatory training that the provider considered mandatory to enable them to meet people's needs. The mandatory trainings covered subjects including; safeguarding, mental capacity act (MCA), moving and handling, first aid, first aid, dementia, infection control and administration of medicine.

At our inspection on 30 & 31 March 2015, we found that the registered person had not made adequate arrangements to comply with legal requirements for obtaining consent. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found that action had been taken to comply with the law about obtaining consent before people received care. The provider had policies in place for acting in accordance with the Mental Capacity Act (MCA) (2005). People we spoke with confirmed consent had been sought by care workers before care was provided. They told us care workers always asked them what they wanted to do before they received support with their care. Care workers demonstrated understanding of the importance of obtaining and acting in accordance with a person's consent when they provide care and completed daily care records which confirmed they had obtained consent from people before they delivered care. The care workers we spoke with told us they would discuss a specific aspect of care with the person, and if the person was able to make an informed decision, care workers would respect their wishes. Care workers also gave us examples of how they supported people to exercise choice, for example about giving shower, their meals and choice of clothes.

We found that improvements made when people did not have the capacity to consent, but some areas still require further improvements. The provider had involved family members in the best interests' decision making process. Two of the six people's care records we looked at were assessed as lacking the capacity to make decisions in relation to their personal care; therefore the service had consulted their family members in the best interests of their relative. We saw family members have signed the consent form for the service to deliver personal care for their relatives, but they did not have a lasting power of attorney to consent for their relatives. Records we looked at showed that all care workers had completed MCA training. However, three of the four care workers we spoke with did not understand their responsibilities to make decision specific mental capacity assessment and this requires improvement.

Health care appointments and health care needs were coordinated by people's relatives and care workers were available to support people to access healthcare appointments if needed. For example, one person told us "One day I had to go to hospital, straight away I called (care worker) and they stayed with me until the ambulance arrived." Information about people's healthcare needs was recorded in their care records, so that care workers were aware and could monitor for any concerns. Care records contained details of where healthcare professionals had been involved in people's care. For example, information from the GP and district nurse.

Good

Is the service caring?

Our findings

At our inspection on 30 & 31 March 2015, we found that people's dignity was not always respected. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found care workers respected people's privacy and dignity. One person told us, "They [care workers] definitely maintain my privacy and dignity." One relative said, "I have no concerns regarding my family member's dignity." There were policies and procedures in place to ensure people's privacy, dignity and human rights were respected. Records showed that care workers had received training on how to maintain people's dignity and care workers we spoke with understood their responsibilities in this area. Care workers described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they did this by ensuring curtains and doors were closed when they provided personal care. Care workers told us they had developed good working relations with people they cared for.

People and their relatives were positive about their care workers, the way they were supported and the respect shown to them. One person told us, "They [care workers] are very caring, always ask me if I have slept well, I am eating better now." One relative said "They speak to my family member politely." During our visits to people's homes we saw care workers treated people with kindness and compassion.

People's preferences were met. Care workers were able to tell us a person's preferred form of greeting and how some people requested them to use their preferred first name. These names were recorded and used by care workers. Care workers could explain people's needs and preferences and how they liked to be supported. They told us they enjoyed working with people they cared for, their comments included, "I always ask people what they want to eat and follow their preferences." People's care records included details about people's ethnicity and culture. Care workers we spoke with showed an understanding of equality and diversity in relation to the care they provided. Care workers were aware of people's cultural and personal care needs to ensure their needs were met.

People who used the service had been involved in decisions about their care and support. We found that they had been involved in the assessments of their needs. There were policies and procedures in place to ensure people were involved in the care planning process. People and their relatives were aware of the care plans and they told us they were happy with the care that was given. Care plans we looked at showed that people with capacity have signed to show that they are in agreement with the contents of the care plan.

Requires improvement

Is the service responsive?

Our findings

At our inspection on 30 & 31 March 2015, we found that the care plans were task oriented and not person centred. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, people and their relatives told us they received care that met their needs. One relative told us, "The three care workers are consistent and good." A person said "They [care workers] seems to know how to wash me and dress me, no problems with their communication."

However, we found people's care plans were task oriented and not centred on each person's individual needs. Assessments were undertaken to identify people's care needs in relation to personal care, moving and handling and people's home environment. However, three of the six care plans were not centred on people as individuals, but stated what tasks to be completed without further guidance for care workers. For example, for a person needs were identified about improving mobility, maintaining health and hygiene. There was no care plan for improving mobility, how to maintain their health and there was no guidance for care workers to ensure this person's care was provided in a person centred way. For a second person, although the needs were identified in relation to toileting, bathing, dressing and preparation of lunch. The care plan briefly listed the tasks as "AM - personal care; night - shower, dressing and toileting". There was no further information and guidance for care workers in the care plan to ensure this person's care was provided in a person centred way. We saw daily communication logs were maintained by care workers which record briefly what tasks they had carried out during their visits. For example, consent was obtained prior to delivering personal care and any change in people's needs was mentioned. This meant that care workers did not have sufficient information to provide person centred care to people to meet their assessed needs.

Care plans were not monitored and reviewed in line with the provider's policy 'Care Planning Policy and Procedures dated August 2015. For example, a care plan review was overdue for one person. The last review conducted on 01 December 2014 stated the next review was to be conducted on 01 October 2015. No review had taken place at the time of the inspection on 22 and 23 October 2015.

When we fedback to the registered manager and office manager, they told us that they would review these care plans and update with adequate guidance for care workers to deliver care in a person centred way. However, we were unable to assess these actions as they had not been completed at the time of our inspection.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if necessary. They said that the provider advised them to ring the office if they had any concerns. One relative told us "When a staff member was rude with them was sorted quickly, I have no other problems." However, a record of this complaint was not recorded in the service file but was recorded in the communications log. One person said "I contact the office if I had to but have no complaints to make, They [care worker] are very polite and I am very comfortable with them [care workers]." The service had a complaints policy and procedures for reporting any concerns raised by people or their relatives. The registered manager told us the focus was on addressing concerns as they occurred before they escalated to requiring a formal complaint.

Requires improvement

Is the service well-led?

Our findings

At our inspection on 30 & 31 March 2015, we found that the registered person had not protected people against the risk of regularly assessing and monitoring the quality of the service provided. The provider sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy these concerns. At this inspection we checked to see if these actions had been completed.

At this inspection, we found despite some improvement there were still insufficient systems to monitor the quality of the service. The provider had not carried out an audit for care plans and management of medicine to check the quality of these records and ensure they reflected any changes to people's needs. For example, three out of six care plans did not reflect the current needs of people. Medicine Administration Records (MAR) charts were returned to the office but there were no checks undertaken to verify that medicines were administered as prescribed. There was a risk that errors or omissions with people's medicines would not be identified.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Some improvements had been made in relation to quality assurance and monitoring of the service. People told us the office manager for the service undertook unannounced monthly spot checks and made phone calls to people's homes to see if they were happy with the service. We saw spot checks and phone call records had been maintained to show if any concerns identified and what action was taken. For example, when a person presented behaviour that challenged the service, the office manager carried out regular spot checks and spoke with care workers, to ensure care workers delivered care in a safe manner. One person told us "They [office manager] comes every other week and check I am alright, I found them very caring." A relative said "We have been with few other agencies before and I'm quite happy with this agency for my relative at the moment." One care worker told us "The office manager comes to check on practical things and observe my work."

The provider carried out surveys to obtain the views of the people using the service. One person told us "I had done a feedback questionnaire, I am very happy with the service." We found a satisfaction survey was completed in August 2015 which showed most people were happy with the care and support provided by the service. We found there was action taken when one person fedback that morning care worker had failed to attend the visit to deliver care. When asked, the office manager told us they contacted the person and apologised and changed the care worker and, a brief note was shown to us by the office manager about what action was taken by them following feedback they received from the person.

There was a registered manager in post. We saw the registered manager interacted with staff in a positive and supportive manner. Office staff and care workers gave positive feedback about the manager. Care workers felt the registered manager was available if they had any concerns. For example, a care worker told us "Whenever I need them I can call the office, they respond, I'm happy with them."

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	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing Staff did not receive appropriate levels of supervision as needed to enable them to carry out their duties.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Regulation 9 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care People's care plans were task oriented and not centred on each person's individual needs.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance There were in adequate systems to assess, monitor and improve the quality and safety of the service provided

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Care and treatment was not provided in a safe way as risks were not identified or action taken to reduce risk. Arrangements to administer medicines were unsafe.

The enforcement action we took:
We took enforcement action following this inspection and served a warning notice on the provider and registered manager requiring them to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, by 11 December 2015.