

Sirona International Limited

Poseidon Care

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Poseidon Care is a domiciliary care agency. It provides personal care to people living in their own homes. The service provides personal care to older people, some of whom have dementia. At the time of our inspection there were eleven people using the service.

People's experience of using this service and what we found

The provider was not conducting appropriate checks before hiring staff to work. Staff were recruited in Nepal and then travelled to the UK in order to work for the provider. However, we found significant discrepancies in documentation that had been obtained but had not been identified and explored by the provider. Although the provider ensured staff had the training and skills to conduct their roles, care workers told us they did not feel supported. We have made a recommendation to the provider around staff support.

The provider did not promote a positive culture within the service. Care workers expressed concerns about their pay, hours and rotas that we have reported to another statutory body. Staff were not involved in the running of the service, although people were asked for their feedback.

The provider did not always effectively manage risks to people's health and safety. We found examples where risks to people had not been fully explored. People's needs and choices were assessed as part of the assessment process, but the provider was not fully considering risks to people's care. The provider did not fully support people with their healthcare needs as we saw two examples where either people's conditions were not recorded at all, or there was no clear record of how this affected people's care needs.

The provider was not consistently safe in the management of people's medicines. The provider conducted audits, but these did not identify the issues we found in relation to people's risk assessments and their medicines care plans.

The provider took appropriate action to ensure people were safe from the risk of abuse and took appropriate measures to prevent and control infection. There was also an appropriate system in place to manage accidents and incidents.

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

People told us they were well treated and supported and their care records included details of their backgrounds, life histories, ethnicity and religions. People told us they were involved in making decisions about their care and their privacy and dignity was respected and promoted. Care workers encouraged people to maintain their independence as far as possible. People's care plans included some information about the level of support they needed from their care worker.

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

Rating at last inspection:

We registered this service on 24 November 2021 and this was the first inspection.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about staffing and recruitment. A decision was made for us to inspect and examine those risks.

Enforcement and recommendations

We have found breaches in relation to appointing fit and proper persons, risk management and good governance.

Please see the action we have told the provider to take at the end of the full version of this report.

We have made recommendations in relation to providing person-centred care and staff support. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Poseidon Care

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service one week's notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information of concern we had received prior to completing our inspection.

We used information gathered as part of our monitoring activity that took place on 14 July 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 26 October 2022 and ended on 6 January 2023. We visited the location's office on 26 October 2022. We reviewed a range of records related to six people's care and support. This included people's care plans, risk assessments and six staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included quality assurance records and a range of policies and procedures.

We spoke with most staff members. This included the registered manager, the nominated individual and a number of care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two people using the service and three relatives.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further quality assurance records and medicines records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- The provider did not always effectively manage risks to people's health and safety. We reviewed a sample of care records for people using the service and found the provider conducted a standard care planning and risk assessment document. This included assessments in areas such as moving and handling and skin integrity.
- However, we found examples of risks to people's health and safety not being fully explored. This included one example of a person who smoked in their own house, but the risks associated with this, along with safety measures, were not identified. Another person who was at risk of falls, did not have clear risk management guidelines in place and their care plan only said staff were required to follow moving and handling procedures, without providing any additional details.
- The provider was not consistently safe in the management of people's medicines. At the time of our inspection only one person was being supported with their medicines. We saw they had a medicines care plan in place which stipulated the medicines they were required to take, the time they were required to take them as well as the dosage. However, there was no recorded information stating what the medicines were for as well as any other relevant information such as side-effects in accordance with NICE guidance.
- Care workers had received training in medicines administration although their competency to do so had not been assessed. The provider's medicines administration policy stipulated that only those who had been trained and had their competency checked were permitted to administer people's medicines. We spoke to the provider about this and they assured us that going forward they would assess staff competency to administer people's medicines.

The above issues constituted a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we spoke with care workers, they had a good understanding of the risks to people's care and demonstrated they knew people's needs well. For example, one care worker was able to describe the actions they took to ensure the person mobilised safely.
- The provider used an electronic system for recording medicines administration. This showed which medicines had been administered and at what time.
- The provider had a clear medicines administration policy and procedure in place that stipulated their responsibilities towards people in their care.

Staffing and recruitment

- The provider was not conducting appropriate checks before hiring people to work. Staff were recruited in

Nepal and travelled to the UK in order to work for the provider and there were processes in place for the sponsorship of UK visas.

- We saw applicants completed their application and interview process in Nepal, then waited for the visa administration process before moving to the UK. Due to this process, we could see there were gaps in employment histories that had not been recorded since the interview process in Nepal finished and when they started working in the UK.
- We discussed this with the registered manager who told us going forward, they would record all their discussions with care staff when they arrived in the UK to get an up to date record of what they had been doing whilst waiting to move to the UK.

We found no evidence that this impacted people's care but the provider failed to have robust recruitment processes in place to ensure they met legal requirements. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted pre-employment checks before hiring people to work, but we found significant discrepancies in documentation that had been obtained and had not been identified by the provider. We have reported these discrepancies to another agency, as they do not fall within the scope of CQC regulation.
- The provider conducted criminal record checks of care workers in Nepal. We found these did not identify any issues.

Systems and processes to safeguard people from the risk from abuse

- The provider had systems in place to safeguard people from the risk of abuse. People told us they felt safe in the presence of their care workers. One person told us, "I feel safe with [the care worker]" and another person said, "She makes sure I'm ok. I do trust her."
- Care workers demonstrated a good understanding about how to safeguard people from abuse as well as the risks of abuse. They gave us examples of some of the signs to look out for. One care worker described the different signs of abuse as well as the procedure that should be followed if they raised a concern.
- At the time of our inspection there had been no safeguarding concerns. We reviewed the provider's safeguarding policy and procedure and found this contained relevant information for staff in managing concerns.

Preventing and controlling infection

- The provider took appropriate measures to prevent and control infection. Care workers had a good understanding about how to maintain good hygiene when providing care and had received training in infection control.
- The provider told us they ensured enough Personal Protective Equipment was distributed to staff members and care workers confirmed this.
- The provider had an appropriate infection control policy and procedure in place. This included clear guidance for care staff in hygienic practices.

Learning lessons when things go wrong

- The provider had an appropriate accident and incident policy and procedure in place and care workers understood their responsibilities to report incidents as required.
- At the time of our inspection there had been no accidents or incidents during the course of care provision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not fully support people with their healthcare needs. We saw people's care records sometimes listed their current health conditions, but we saw two examples where there was no clear record of how people's conditions affected their care needs.

We recommend the provider consults current best practice guidance around developing comprehensive care plans.

- Care workers demonstrated a good level of understanding about people's health conditions. For example, one care worker gave us a detailed explanation of how one person's health conditions affected them and the support they had to provide to meet their needs.
- The provider worked with other agencies when needed. We saw evidence of communications with other professionals such as people's GPs and their social workers.

Staff support, training, skills and experience

- Although the provider ensured staff had the training and skills in place to conduct their roles, care workers told us they did not feel supported. Prior to our inspection, we received concerns about care workers hours and rotas. Care workers expressed concerns that they worked long hours and were not given enough breaks. We have reported these concerns to another statutory body.

We recommend the provider reviews its rotas and staff working practices in line with current legislation.

- Upon joining the service, staff had an induction which covered the principles of the Care Certificate. The Care Certificate is an agreed set of standards for health and social care professionals.
- Care workers completed a 3- week orientation programme in Nepal and then completed an induction that lasted for 3- 4 days in the UK. The orientation included an introduction to life in the UK, which was an introduction to English culture and popular food among other matters. Care workers we spoke with confirmed they had received an induction and found this useful to their roles. One care worker told us "I think it answered my questions".

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

- People's needs and choices were assessed as part of the assessment process. People we spoke with told

us they were involved in the assessment of their needs prior to using the service. One person told us, "They asked me questions about what I needed and I get what I asked for. I'm happy with the carer."

- The provider had clear policies and procedures in place which reflected current legislation. This included the infection control policy and procedure which included relevant guidance relating to COVID-19 safety measures.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's care records contained details about their nutritional needs. The provider supported people with their meals and had trained staff in how to prepare Western food. Care workers we spoke with told us their responsibilities in this area were limited to preparing simple meals, such as sandwiches, or heating food that had already been prepared by other family members.

- Care workers understood people's needs as well as their preferences in relation to their food.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We found the provider was working within the principles of the MCA. At the time of our inspection all people using the service had capacity to consent to their care. People signed forms consenting to their receipt of care services, and assessments were completed to ensure people had capacity to consent to their care needs.

- Care workers demonstrated a good level of understanding about the importance of obtaining people's consent before delivering care. One care worker told us, "I always ask for people's permission and explain what I am doing before I give any care."

Is the service caring?

Our findings

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

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

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

- People told us they were well treated and supported. Their comments included, "My carer is very kind and caring" and a relative told us, "The carers are very nice." Care workers demonstrated they understood people's needs and gave us examples of how they met these. For example, one care worker told us about the habits of one person, when they woke up and what they liked to eat for breakfast among other matters.
- People's care records included details about the religion they followed as well as their ethnic background. Care workers demonstrated an understanding about this area of people's lives.

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

- People told us they were involved in making decisions about their care. Records showed initial assessments were conducted with people and their families to ensure they were provided with the right level of care. Care workers told us they supported people to express their views about the care they wanted. One care worker told us, "You must give people choices and do what they want."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected and promoted. A relative told us, "They're very respectful and they treat my [family member] very well."
- Care workers understood the need to respect people's privacy and dignity and gave us examples of how they did so. For example, one care worker told us, "I always make sure I knock on [the person's] door to make sure she is ready for me to come in."
- Care workers encouraged people to maintain their independence as far as possible. People's care plans included some information about the level of support they needed from their care worker. For example, people's records were clear about the tasks care workers were required to carry out as well as what people could do for themselves.

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

- The provider worked with other agencies to provide care. We saw examples of other people involved in people's care within people's care records.
- Care workers demonstrated a good level of understanding about people's health conditions. For example, one care worker gave us a detailed explanation of how one person's health conditions affected them and the support they had to provide to meet their needs.
- The provider worked with other agencies when needed. We saw evidence of communications with other professionals such as people's GPs and their social workers. Care workers gave us examples of how they

supported people to be more independent. One care worker told us, "Supporting people is different to doing things for them. I support people to do things for themselves."

Is the service responsive?

Our findings

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

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

Planning personalised care

- The provider planned people's care in consultation with people and their relatives. The provider conducted some initial assessments in relation to different areas of people's physical and mental health needs, but these were not always comprehensive. For example, we found very limited information about people's health conditions and how these affected them. We have made a recommendation in relation to person centred care in the Effective section of the report. People's care plans included some personalised information about their life histories and personal circumstances and there was a separate document in place which stated people's aspirations in relation to their care needs.
- Care workers demonstrated an understanding of people's needs and gave us examples of how they met these. For example, one care worker was able to tell us a person's food preferences and their usual routine among other matters.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the requirements of the AIS and understood their responsibilities. At the time of inspection people using the service did not require information to be provided in alternative formats. However, the Registered Manager understood the requirements of the AIS and informed us they would be able to provide this if necessary, including Easy Read. Everyone using the service was able to communicate their needs verbally and therefore there was limited information regarding communication in people's care plans.

Improving care quality in response to complaints or concerns

- The provider understood their responsibility to investigate and respond to complaints. People told us they had received a copy of the complaints policy and would report any concerns to staff at the office. At the time of our inspection the provider had not received any complaints about their care.
- The provider had a clear complaints policy and procedure in place which outlined the provider's responsibility to acknowledge and investigate complaints promptly.

End of life care and support

- The provider understood their responsibilities to deliver effective end of life care to people who needed it.

At the time of our inspection the provider was not delivering end of life care to anyone using the service. We saw the provider had an end of life care plan in place for those who needed this and this prompted relevant questions such as whether there were any religious, cultural, spiritual beliefs to be considered or whether there were any concerns around the person's emotional or psychological wellbeing that needed to be considered further.

- The registered manager explained that if the service were required to provide end of life care, they would work with the person's family and any other professionals as required. We saw there was an appropriate end of life policy and procedure in place which gave further details about how the provider was supposed to deliver this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider conducted regular audits, but these did not identify the issues we found in relation to people's risk assessments, medicines care plans and staff recruitment information.

The above issues constituted a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and care workers were clear about their roles and responsibilities. Care workers gave us examples of what their role was supposed to be and the registered manager demonstrated a good understanding of what they were supposed to be doing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not promote a positive culture within the service. Care workers expressed concerns about their hours, rotas and lack of time off. Their comments included "The managers do not listen" and "The management are sometimes not good". We have reported these concerns to another agency who will be able to investigate further
- People and their relatives told us they were happy with the service from care workers, who provided good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were not involved in the running of the service, although people who used the service were asked for their feedback. The provider conducted telephone reviews with people every 6 months as well as spot checks of care workers. We reviewed the records and saw people had given consistently good feedback. The registered manager told us that any issues would be acted on.
- Care workers gave us examples of requests they had made in relation to their hours, rotas and payment issues that had either not been acted on or action had been delayed. We have reported these concerns to another statutory body.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to send notifications of significant events to the CQC. Care workers understood their responsibilities to report any issues to the registered manager. At the time of our inspection there had been no notifiable events.

Working in partnership with others

- The provider worked with other health and social care professionals where needed. We saw evidence the provider liaised with people's social workers in ensuring their care needs were met.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always assessing the risks to the health and safety of service users receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks (12(2)(a) and (b)).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always establish and operate systems or processes to assess, monitor and improve the quality and safety of the services provided or mitigate the risks relating to the health, safety and welfare of service users which could arise from the carrying on of the regulated activity (17(2)(a) and (b)).</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and Proper Persons</p> <p>The provider did not always effectively operate recruitment procedures that ensured staff had the qualifications, competence, skills and experience which are necessary for the work to</p>

be performed by them. 19(1)(b) and 19(2).