

SK Care Coventry Ltd

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Inspection report

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06 February 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

SK Care Coventry Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to older people, younger adults and children with a range of needs, including mental ill health, physical disabilities, sensory impairments and dementia. At the time of our inspection 13 people, including 10 children were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The lack of provider and management level oversight meant regulatory compliance and some previously demonstrated standards had not been maintained. The provider had not ensured staff always followed their policies and procedures. Systems to monitor the quality and safety of the service and drive improvement were not effective. Some relatives had been invited to provide feedback about the service, but others felt communication between them and the management team needed to be improved.

Risks associated with people's care including their home environments and medicines were not well managed. This exposed people to the risk of avoidable harm. People received their care calls at the times they expected, for the length of time agreed and from staff they knew. Relatives were confident their family members were safe when receiving care and support and staff understood their responsibilities to keep people safe. New staff completed an induction and training the provider considered essential to meet people's needs safely and effectively. Staff recruitment practices needed to improve to ensure all staff were recruited safely. Staff felt valued and supported by the management team.

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

Rating at last inspection

The last rating for this service was good (published 22 June 2018).

Why we inspected

We received concerns in relation to late care calls and unsafe staff recruitment practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SK Care Coventry Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

SK Care Coventry Ltd

Detailed findings

Background to this inspection

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The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 01 February 2023 and ended on 08 February 2023. We visited the location's office/service on 06 February 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought

feedback from integrated care systems (ICSs) who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke via the telephone with 8 people's relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the deputy manager, care staff and the administrator during our site visit. We reviewed a range of records. This included 4 people's care records, 3 staff recruitment records, staff training data and records of the checks the managers completed to assure themselves people received a safe and good quality service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to 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; Learning lessons when things go wrong

- Risks to people's safety, health and wellbeing were not well managed.
- Known risks had not been assessed which put people at risk of receiving unsafe care. One person had epilepsy and another person was at risk of choking when they ate or drank. The risks had not been assessed and guidance was not available to help staff provide safe care.
- Risk assessments lacked information to help staff manage and mitigate risks. For example, 1 person's care records instructed staff to check equipment at every care call. The equipment they needed to check or how to complete the checks safely was not documented.
- Some relatives told us their family members risks assessments lacked important information. One relative commented, "The [risk assessment] doesn't tell staff what to do if there is a problem."
- Potential hazards in people's homes had not been risk assessed. This is important to ensure care can be provided safely within the home environment.
- The registered managers lack of oversight meant areas needing improvement had not been identified and opportunities to learn lessons and reduce risks had been missed.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and well-managed. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit the registered manager informed us of the action taken to improve risk management, including the completion of individual risk assessments.
- Discussions with staff demonstrated they understood people's needs and knew how to keep them safe.
- Staff told us any incidents were discussed to enable staff to reflect on what had happened, to learn lessons and reduce the risk of reoccurrence.

Using medicines safely

- Medicines were not managed safely in line with the provider's procedure and best practice guidance.
- One staff member told us they administered a medicine via a feeding tube inserted into a person's stomach. This support was not reflected in the person's care records and medicine administration records had not been completed to evidence this. The management team were not aware the staff member was providing this support and took immediate action to address this concern.
- Where people received medicine support as part of their planned care, records had not been completed to show when and which prescribed medicines had been taken or declined. Relatives confirmed this. This

meant the provider could not demonstrate people were receiving their medicines safely and as prescribed.

Systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us despite the lack of records their family members did receive their medicines as prescribed. One relative said, "[Name] gets their medication on time each day."
- Staff completed training in safe medicines management and their competency to administer medicines had been assessed.

Staffing and recruitment

- Some aspects of staff recruitment required improvement. A gap in 1 staff member's employment history had not been explored and a second staff members file did not contain a reference from their last employer. This meant the provider could not demonstrate all staff had been recruited safely in line with their policy and procedure. The registered manager assured us this would be addressed. They added, "In future I will be checking each file when staff are recruited."
- Other required pre-employment checks had been completed including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to ensure people received their care calls, at and for the length of time agreed. Relatives confirmed their family members were mostly supported by staff they knew.
- Staff felt their work rotas were well managed. One staff member said, "We go to the same clients, so the rota doesn't change much only if the client wants a different time. The manager lets us know in advance if there is a change and we get time in between calls to travel."

Preventing and controlling infection

- Relatives told us staff followed good infection control practice in their family members' homes.
- Staff had completed infection prevention control training and understood the importance of wearing personal protective equipment to prevent and control the spread of infections. One staff member told us, "Face masks are optional now, but we wear them to keep the clients safe."

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their family members were safe with staff. One relative explained this was because their family member was supported by reliable, regular carers who understood their family member's needs, likes, dislikes and preferences.
- Staff had received training to protect both adults and children from the risk of abuse. Staff told us they understood their role in protecting people and knew how to escalate any concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not.
- The registered manager understood their responsibility to report any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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 did not have sufficient or accurate oversight of the service provided. Our inspection findings evidence the quality and safety of the service had deteriorated since our last inspection.
- Some previously evidenced standards and areas of regulatory compliance had not been maintained, including the management of individual risks. This exposed people to the risk of avoidable harm.
- The providers systems and processes designed to monitor the quality and safety of the service and to drive forward improvements were not effective. Medicines audits had not been completed and audits of people's care records had not identified the concerns we found. This put people at risk of receiving unsafe care.
- The provider was unable to assure themselves some people had received the care they needed to maintain their health and wellbeing. Care records had not always been completed and other records lacked information. This meant staff did not always have the information they needed to provide safe, personalised care.
- The provider's lack of oversight meant they had failed to identify their policies and procedures were not consistently followed. For example, the provider could not demonstrate staff were always recruited safely. This was unsafe and meant opportunities to improve service safety and drive improvement had been missed.

Lack of service oversight and failure to operate effective systems and processes to make and sustain improvements to benefit people placed people at risk. Accurate and complete records in respect of each person were not maintained. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some relatives had not been invited to provide feedback about the service and told us they felt communication with the management team needed to be improved. Other relatives had regular opportunities to share their views. One relative commented, "We get a weekly check call. If mom is happy, we are happy, and mom is happy with the service she gets."
- Overall relatives were satisfied with the service provided. One relative said, "This is a good agency. They are reliable, flexible and staff are respectful." Another relative explained how consistency of staff meant their

family members cultural and religious beliefs and traditions were respected which was important to the person.

- Staff felt supported and valued by the management team. Comments included, "[Registered manager] is so helpful. They are guiding me as I learn," "They [management team] are always there for me. On the phone, at team and individual meetings. It's very good," and "Our managers care about individual staff. They are truly nice people."

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

- The registered manager understood their responsibility to inform people and relevant others if something went wrong with people's care and support.
- The management team worked with other organisations including social workers and commissioners to achieve good outcomes for people. The registered manager said, "Working hand in hand. We learn from each other and then develop the service to really meet the client's individual's needs."
- Throughout our inspection the registered manager was open, honest and receptive to our feedback. They said, "I realise I have been focusing on training and have lost focus. I'm very disappointed and frustrated... the evidence is there for us all to see what is missing." They added, "Be assured it will be put right."

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 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(a)(b)(g) Systems and processes were not sufficient to demonstrate risks were identified, assessed and mitigated. Medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b)(c) Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate and up to date records in respect of each service user were not maintained