

Sincerity Health Care Limited

Sincerity Health Care Ltd

Inspection report

45 Sheaf Street
Daventry
Northamptonshire
NN11 4AA

Tel: 07894389254
Website: www.sincerityhealthcare.com

Date of inspection visit:
16 January 2020
20 January 2020
28 January 2020

Date of publication:
19 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Sincerity Healthcare Ltd is a care agency providing personal and nursing care to 16 people at the time of the inspection.

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

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff received training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive although sometimes care plans contained conflicting information when people's needs had changed. The registered manager assured us they would address this immediately. Information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care, and were asked for feedback which was acted upon when appropriate. Staff were encouraged to share their views.

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.

Staff at the service worked with health and social care professionals to ensure good outcomes for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence. It wasn't always clear what action had been taken in relation to complaints. The registered manager assured us they would ensure comprehensive records were kept in relation to all complaints.

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 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well-Led findings below.

Sincerity Health Care Ltd

Detailed findings

Background to this inspection

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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period 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.

Inspection activity started on 16 January 2020 and ended on 28 January. We visited the office location on 20 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care co-ordinator and care assistants.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Some care plans contained conflicting information when risk assessments had been updated. We discussed this with the registered manager who told us they would take immediate action to ensure care plan contained information that was clear and current.
- Staff were kept up to date with changes in people's care via care plans, emails and team meetings.
- Staff told us they encouraged people to do as much as they could for themselves. One staff member said, "The best thing about my job is helping people keep their independence."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- We saw safeguarding referrals had been raised appropriately with the relevant authorities and clear records were maintained.

Staffing and recruitment

- People told us staff were generally on time and stayed for the right amount of time. However, people, relatives and staff said a lack of travelling time sometimes made visits feel rushed. We raised this with the registered manager who told us they would look at adjusting staff rotas minimise travel time between visits.
- People received care from a regular group of staff who knew them and their needs well.
- Safe recruitment practices were followed. All employees' Disclosure and Barring Service (DBS) status had been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely. Learning lessons when things go wrong

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed. One person told us, "[Staff] help with medicine on occasion, although I am capable of doing my own medicine."
- Staff received training in the safe management of medicines and their competencies had been checked. They knew what action to take in the event of an error.
- Regular medicines audits informed the registered manager of any issues which were rectified in a timely manner. The registered manager worked with staff to understand how things went wrong and involved

them in finding solutions For example, we saw that action had been taken when audits identified a recurring error in medicines administration records.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- Care plans contained clear instructions for staff to dispose of clinical waste appropriately and people told us staff left their homes clean and tidy.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool. This meant assessments were consistent and reliable.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. New staff shadowed experienced staff to get to know people they would be caring for. One staff member told us, "I was very lucky with my shadowing, it was very good. I was confident [to start working independently]."
- The registered manager arranged additional training to meet people's specific needs, for example caring for people after bowel surgery and how to support people who use a cervical neck brace.
- Staff received regular supervision and guidance to support them in their roles. Staff told us they found this useful and the registered manager was very supportive.

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

- Staff supported people to buy and prepare food when required. People told us staff made food they wanted to eat. One person said, "They prepare all my meals for me - its my choice what I have."
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being. One relative told us, "[Staff] help [person] with meals, they do well with what's there in the cupboards."
- People were assessed for their risks of malnutrition and dehydration. When required, staff made clear records how much people had eaten and drunk to ensure any concerns were quickly responded to.

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

- Staff worked well with health and social care professionals and supported people in line with the advice they gave. People and relatives told us staff attended meetings with occupational therapists and social workers to ensure they understood people's needs.
- Staff sought advice from the GP or other medical services when people showed signs of illness. One relative told us staff were vigilant and understood their relative's needs. They said, "The carers have

recognised the need for medical attention and they reacted appropriately."

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 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.

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

- Staff demonstrated they understood the principles of MCA, supporting people to make choices and asking for consent before offering support.
- The registered manager carried out mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions on their behalf.
- When people had a lasting Power of Attorney, [another person legally authorised to make decisions on their behalf] this was clearly documented in their care plans.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care from staff who knew them well. They had formed good relationships which people told us was important. One relative said, "We get on very well with them." One person told us, "[Staff name] is very, very good. She goes above and beyond."
- People told us staff were kind and friendly. One person told us, "The carers are absolutely brilliant." A relative told us, "The carers treat [person] with the utmost respect. They're all lovely."
- Staff spoke positively about the people they cared for. One member of staff told us, "I love the work, I love the clients. At the end of the day I go home feeling good about myself because I've made a difference." Another said, "The best thing about my job is putting a smile on someone's face and knowing you've made a difference to that person."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People told us they were involved in the planning of their care and their care plans clearly showed how people preferred to receive their care.
- People told us the registered manager was keen to work with them and their family. One relative told us, "I am constantly in contact with the [registered] manager. We have a really good rapport, we keep each other informed."

Respecting and promoting people's privacy, dignity and independence

- Staff evidenced they supported people to maintain their dignity. People told us staff were respectful.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person told us, "The carers are mostly good, they're efficient, they help me be more independent around the house." One staff member told us, "The best thing about my job is the clients, allowing them to stay at home. I love my job."
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Records relating to complaints were disorganised and lacked clarity. This meant some complaints weren't recognised and dealt with in line with the provider's policy. We received mixed feedback from people about whether they were satisfied with the response they had received from the registered manager when they had complained. We discussed this with the provider who told us they would maintain clear consistent records in relation to all complaints to ensure a consistent response.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives had been involved in creating and updating their care plans.
- People's care plans included specific guidance for staff on the tasks to be completed during each visit. They reflected people's preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- People's care was planned and delivered in a person-centred way. Staff told us they learned about people from their care plans. This enabled them to treat each person as an individual and consider people's personalities and previous lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was working on ways to make information available in range of formats, for example, easy read or alternative languages.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use. Staff considered whether people needed an advocate. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When required, staff supported people to access the community, for example, to go shopping.
- Staff told us they enjoyed spending social time with people, reducing their isolation and improving their wellbeing.

End of life care and support

- When we inspected, no one was receiving end of life care.
 - Care plans showed people were given the opportunity to record what was important to them at end of life.
- When people had made advanced decisions about their care, for example Do Not Attempt Cardio-Pulmonary Resuscitation, this was clearly recorded in their care plans.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted person centred care in all aspects of the service. Relatives told us the positive attitude of the registered manager had helped people to receive prompt and professional care.
- The whole staff team was supported by the registered manager and senior staff. One staff member said, "The on-call and office are very responsive." Another said, "[Registered manager] is always available, we have an out of hours number too."
- Staff told us they were happy working at the service and felt supported by each other. Staff told us, "The girls [care staff] are lovely", "It's a good team, we are quite close" and, "There's no one I'm not happy to work with."

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. Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The registered management supported staff to learn from incidents and actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service. For example, we saw that learning was shared at a staff meeting after audits identified repeated minor errors.
- The registered manager was responsive to feedback given during the inspection and was keen to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- People were asked for their feedback through formal surveys and during personal visits by the registered manager. Issues and suggestions were acted upon. For example, one person had asked for extra visits. The

registered manager worked with the local authority to support the person to request additional funding.

- People's equality characteristics were considered when sharing information, accessing care and activities.
- The registered manager had identified that staff surveys were not generating detailed feedback. Staff were instead encouraged to have their say during meetings and regular supervision sessions.

Working in partnership with others

- The registered manager sought advice and support from specialist healthcare professionals when people had complex needs.
- Staff shared information with people's family and regular health and social care professionals to ensure the service continued to meet people's needs.