

Siete Ltd

Siete Care Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Siete Care Services is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes.

At the time of our inspection nine people received personal care as the regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

The registered manager had quality assurance systems in place to monitor the quality and safety of the service. These systems were used to improve the service. The service had a clear management and staffing structure in place and promoted a positive, caring culture.

Medicines were administered safely. Medicine records were accurate and up to date. Staff's competency to safely administer medicine was regularly checked and recorded.

People told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People had risk assessments in place to enable them to be as independent as they could be in a safe manner.

There were sufficient staff on duty to support people with their needs and keep them safe. Effective and safe recruitment processes were followed by the provider. However, we were told recruitment was "difficult at this time" and staff and managers were working extra hours to provide and maintain the service.

People were safe from the risk of infection. This included measures introduced by the provider to safeguard people and staff from COVID-19.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

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 Requires Improvement (Report published 6 November 2020). There was one breach of Regulation 17 HSCA RA Regulations 2014 Good governance. Systems to monitor the service did not identify our concerns relating to records.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection found improvements had been made and the provider was no longer in breach of regulations

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Siete Care Services

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service had a manager who was 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection. The inspection activity commenced on 13 January 2022 and ended on 14 January 2022.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

We spoke with one person and six relatives. We looked at four people's care records and four medicine administration records (MAR). We spoke with one carer, the care manager, the marketing manager and the registered manager. We reviewed a range of records relating to the management of the service. These included medicine records, quality assurance audits, training records, policies and surveys. In addition, we contacted the local authority commissioning team and reviewed records they had sent to us.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection medicine records did not always provide staff with adequate information to keep people safe. At this inspection we found action had been taken and people were no longer at risk.
- People received their medicine as prescribed. Medicines were administered by trained, competent staff whose competency to administer medicine was regularly assessed.
- Relatives told us about people's medicines. Their comments included; "Medication and pain patches are very complicated and they [staff] have all been trained" and "[Person] has medication for her bones and constipation and they [staff] have always been very good."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe and secure using the service. The registered manager had developed a positive working relationship with everyone using the service. One relative commented, "I always think we are safe. The carers always talk to [person] and to me and we have a laugh. They always ask how I am." Another relative said, "I can relax about them [staff] being in the house. They are like our extended family, part and parcel of our house."
- The provider had appropriate systems in place to safeguard people from the risk of abuse. Staff had been trained and we aware of their responsibilities to report concerns. One staff member said, "Any issues and I'd go straight to my line manager and the local authority."

Assessing risk, safety monitoring and management

- Risks to people had been assessed in various areas of their lives. This included, allergies, falls and pressure sore assessments to ensure that people's care and support were managed safely.
- Where potential risks were identified, there were risk management plans in place to guide staff on how to minimise any risks. For example, one person was at risk of pressure damage. Detailed guidance was provided to staff on how to manage this risk which included regular monitoring of the person's skin and the application of prescribed creams.

Staffing and recruitment

- The provider had enough staff with the right skill mix to keep people safe. Staff told us they were satisfied with the current staffing levels. One member of staff said, "As far as I am concerned, we have enough staff." However, the marketing manager told us, "It has become difficult to recruit new staff, with the pandemic situation we are having work to harder to cover visits. It is worrying but we are managing at the moment."
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. People told us staff had been punctual but lately visits were sometimes late. An electronic monitoring system was in place to monitor staff visits.

- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. This included background checks, work histories, identity checks and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- People and their relatives told us the registered manager and staff wore protective clothing when they arrived at their home.
- The registered manager followed infection control practices. They left personal protective equipment (PPE), with the person's agreement, in the person's home. There were no issues in obtaining PPE.

Learning lessons when things go wrong

- There were systems in place for reporting, recording and monitoring accidents and incidents.
- The registered manager recognised the importance in acting on any concerns in order to reflect and learn from any areas that needed to be improved. For example, following issues with one person's medicine, their care was reviewed with the GP and changes were made to resolve the issues.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Working in partnership with others

- At our last inspection the service was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Records were not always accurate and up to date. At this inspection we found action had been taken and the service was no longer in breach.
- There were various audits in place to check on the quality of the service. This included, checks on medicine administration records, stocks of personal protective equipment and audits on completed assessments. Records we checked were accurate and up to date.
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.

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

- The registered manager was receptive to the inspection process, sent us information when requested and was keen to place people at the heart of the service.
- People told us about the service. One person said, "I can phone [registered manager] and talk to her anytime." Relatives commented, "I don't have a moment's hesitation in trusting these people" and "The Carers are very committed and concerned and care about us. They are very responsive."
- People were helped to gain confidence and more independence where possible. Thus, ensuring there were good outcomes for people using the service.

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

- People and their relatives were happy with the service provided. They felt the service was well organised and reliable.
- Surveys had been sent to people and their relatives and the results so far had been analysed to identify if there were comments that required any action. The results had been positive, and the registered manager confirmed these would be shared with people using the service.
- The registered manager could respond to any direct feedback as she saw people on a daily and/or regular basis.

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 registered manager was aware of their responsibilities in relation to duty of candour. They knew any issues and complaints that was brought to their attention, needed to involve the relevant persons along with informing them of the outcome of any investigation.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification forms appropriately to CQC.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training. For example, the Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.