

Sincere Care Ltd

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Inspection report

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Date of inspection visit:
27 July 2023

Date of publication:
15 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sincere care Limited is a domiciliary care agency based in the London Borough of Barking and Dagenham. The service provides personal care to adults living in their own homes. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service was providing personal care to approximately 29 people. This service was supporting older people. CQC only inspects where people receive personal care.

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

There were processes in place for staff to follow to safeguard people from abuse and guidance and to keep them safe from harm. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons to protect people from the risk of cross infection. People and their relatives told us that they felt safe using the service.

The provider promoted a positive culture and person-centred service. People's care needs and risks were assessed and regularly reviewed to reflect people's needs. Staff completed training to know how to care for people effectively. People using the service and their relatives, spoke positively about their experiences with the service and felt their needs were being met.

Staff told us they were supported by the registered manager to perform in their roles. There was a procedure for reporting incidents and accidents in the service and learning lessons from them to prevent re-occurrence. 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 achieved good outcomes from their care. People, relatives, and staff all spoke highly of the support they received from the management team. The registered manager and nominated individual maintained oversight of people's care. The management team also took on caring roles, this ensured they built and maintained a close relationship with people and their relatives. People and relatives told us staff were kind and caring and that they felt safe. People and relatives were actively involved in their care planning and delivery.

The provider promoted a positive culture and person-centred service. Feedback from people and relatives was received. There were quality assurance systems in place for the provider to continuously improve the service.

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 15 August 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them

Follow up

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 safe.

Details are in our safe 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 well-led.

Details are in our well-led findings below.

Good ●

Sincere Care Limited

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 Health and Social Care Act 2008.

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 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 July 2023 and ended on 10 July 2023. We visited the location's office on 27 July 2023.

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 (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 spent 1 day in the office location reviewing documentation and discussing this with the registered manager, supervisor, care coordinator, and service administrator. We reviewed a range of records. This included 6 care records of people using the service. We looked at 6 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service. After the site visit, we spoke with 4 people using the service and 2 relatives about their experiences of the care provided and 4 care workers.

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 has the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.
- A person who received support told us "I certainly feel safe. I have had them all this time. They are friendly and I have had no problems."
- Staff confirmed they received regular training on safeguarding and could list different forms of abuse, such as physical, mental and financial abuse. They gave an example of signs they would look out for, for example bruising, the person being withdrawn and that they would immediately report this to the manager and if very serious would report it to the police.
- Records showed safeguarding concerns had been investigated and reported to the local authority.

Assessing risk, safety monitoring and management

- The provider assessed the risks to people's safety and wellbeing.
- Care plans had comprehensive risk assessments in place, detailing how risks for the person would be minimised and managed. People's risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.
- Staff received training to understand how to safely move people and how to reduce the risk of falls.

Staffing and recruitment

- The service had enough staff on duty to meet people's needs. The registered manager only accepted new care packages when they had staff available to meet people's needs.
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were being managed safely.
- Medicines administration records (MARs) we reviewed were all signed with no gaps, which showed people were being supported with their medicines as prescribed.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff through an access care planning app on their smart phone and a hard copy at the person's home.
- Staff had been trained in medicine administration and followed the provider's medicines policy.

Preventing and controlling infection

- The provider had systems to help prevent and control infection. Staff received training in this area and managers checked staff were following procedures on unannounced spot checks at peoples home.
- Staff were provided with enough personal protective equipment (PPE).
- People using the service told us staff followed good hand hygiene and wore PPE.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- Staff recognised incidents and reported them with the records showing appropriate action had been taken to address the problems.
- Learning from accidents and incidents was shared with staff in a messaging app on their smart phone and was followed up in team meetings.
- The management team worked closely with local authority's to review people's care when things went wrong.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care.
- People and their relatives were involved in developing their care plans. People's needs, their preferences, risks, goals and religion were identified through a pre assessment before people began to use the service.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. These were regularly reviewed and updated to reflect any changes in people's support needs and risks.
- Staff told us that care plans provided them with enough information to enable them to provide care to meet people's individual needs.

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.

- The provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- People using the service were supported to take part in different social and leisure activities. Some people had support to go shopping, bingo, access community activities and to take part in activities at home, such as afternoon teas and lunch with friends.
- Staff supported them to follow interests that were socially and culturally relevant to them, such as going to places of worship so they could practice their religion.

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 ensured people's communication needs were met.
- Care plans covered peoples communication needs from a person-centred perspective. They highlighted how staff were able to communicate with people.
- There was a recognition that staff needed to understand and adapt their communication in response to people due to a risk of neglect due to miscommunication.

Improving care quality in response to complaints or concerns

- There was a system for responding to complaints and concerns about the service.
- Records of complaints showed they had been investigated and action had been taken to improve the service and learn from these. People we spoke with said they felt comfortable to raise a concern or complaint.

End of life care and support

- There was a policy for end of life care.
- Staff received training on end of life care in person and online. Managers trained with Home Care Association, (a membership body in the UK dedicated to supporting homecare providers.) to understand about the importance of good end of life care for the person and their family.
- At the time of the inspection the service did not support people with end of life care. However, end of life preference was discussed with people who were happy to talk about their wishes during the initial pre assessment and this was detailed 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 management team had developed a positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided.
- People using the service and their relatives told us they received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service and found staff meetings to be useful because the management team involved staff and gave staff the opportunity to ask questions and raise concerns.
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- The registered manager was appropriately experienced and qualified. The management team worked closely together, holding weekly meetings to discuss people's needs so they could identify any risks, changes in people's needs and training requirements. They had good knowledge of the individual needs of people using the service.
- Some of the comments from staff included, "[Managers] are very very good, manager monitors everything, they know if you are running late to a call and will call to check on you and why you are late" and "They [managers] are very supportive, I have been working with the company for many years now so that speaks for itself"
- Some of the comments from service users and their relatives included "The care workers are friendly, and they do what they are supposed to do. They have a chat and laugh", "They take care in what they are doing and how they treat me" and "I like that they listened about me needing help in the morning to help with medication and breakfast."

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

- The provider had systems in place for people to give feedback about their experiences of using the service. This included feedback forms, recorded call logs and regular visits to peoples homes to obtain feedback about the service and their care worker.
- Some comments from people and their relatives included "[My family member] quite often gets questionnaires and phoned where they are asked what they think about it [the service]. I think they listen

she gives positive feedback" and "They visit me and we chat about the service".

- Staff received regular supervision meetings and supervision forms were completed.
- The registered manager considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and people's and staff characteristics were considered when care workers were placed with service users.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. The management team undertook a range of audits to make sure people were receiving good quality care. These included asking people using the service and others for their feedback, the registered manager visiting service users at home to speak with them, observing staff caring for people and auditing records of care and medicines, and staff training.
- The management team took part in forum sessions with the local authority to obtain information directly about the community and its needs and to obtain information on how they can improve the service.

Working in partnership with others

- The staff worked in partnership with others to help ensure people received personalised care and support. They liaised with external healthcare professionals, such as social workers, district nurses, GP's and pharmacists.
- The registered manager worked closely with the local authority to place people into the service.

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 responsibilities under duty of candour. They had been open and honest with people affected and the local authority when things went wrong, investigated and learnt from these incidents and apologised to those affected.