Sinai Care Solutions Limited

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Inspection report

Office Suite 2, 178 Stafford Street
Wolverhampton
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Sinai Care Solutions Limited is a domiciliary care service providing personal care for people living in their own homes. At the time of inspection 20 people were receiving personal care from the service.

People's experience of using this service and what we found
People did not always receive safe care and support. We identified a breach of the regulations due to concerns about how some people's risks, including medicines support were managed. We identified another breach because the local authority were not always informed of safeguarding concerns to help protect people. Risk assessments were in place but were not consistently updated and lacked guidance for staff to follow. People and their relatives told us they felt safe and that there were enough staff to meet their needs.

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; however, the policies and systems in the service did not fully support this practice. Where people needed support with their meals, relatives told us that staff did not always give the level of support required. Staff had received training and felt supported by the management of the service.

People received care and support that respected their dignity and privacy. We received positive feedback from people about the caring attitude and behaviours of individual staff.

People did not always receive person centred care. Care plans were not always up to date, and not all personalised information was completed. People were involved in their reviews and were supported to make choices about their care.

Governance systems were either not in place or not robust. This meant that systems were not effective in monitoring the quality and safety of the service. People told us that the manager was approachable and responsive.

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

Rating at last inspection
This service was registered with us on 21 October 2016 and this was the first inspection.

Why we inspected
This was a scheduled inspection based on the provider's registration.

Enforcement
We have identified breaches in relation to Regulation 12, safe care and treatment; Regulation 13,

safeguarding service users from abuse and improper treatment and Regulation 17, good governance at this inspection.

Follow up
We will request an action plan for 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was now always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Sinai Care Solutions 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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors 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. 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 the service 48 hours' 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 05 June 2019 and ended on 10 June 2019. We visited the office location on 05 and 06 June 2019.

What we did before the inspection
We reviewed information we had received about the service since it was registered. We sought feedback from the local authority who commission packages of care from 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 four people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the care co-ordinator, a senior carer and care workers.

We reviewed a range of records. This included five people's care and medication records. We looked at two staff files to check that suitable recruitment procedures had been followed and staff received appropriate training. We also looked at records around the management of the service such as accidents and incidents, complaints and audits. We also spoke to two health and social care professionals about their experience of the service.

Requires Improvement

Is the service safe?

Our findings

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

This was the first inspection. We rated this key question as, '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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicine management was not consistently safe. Medicines administration records (MAR) contained gaps and some records were not accurate and did not reflect the person's current prescribed medicines. This was despite concerns brought to the provider's attention by the local authority in March 2019, about medicines being administered and recorded incorrectly. Although the provider had taken steps to address these concerns they had not been effective.
- A healthcare professional had recommended cream for a person due to their increased risk of sore skin. Due to poor record keeping we couldn't be certain the person's cream had been applied.
- One person's medication had run out which meant they missed their medication over two days. The service was responsible for collecting the medication for this person. Staff had not reported this error and no reasonable action had been taken to address this.
- Staff did not have all the information they needed to help manage people's risks safely. For example, one person was living with a health condition. There was no care plan in place to guide staff on what to look for and how to support the person with their condition.
- Care records were not always up to date and accurate. People's hospital grab sheets omitted important information such as one person's medication allergies and another person's health condition. Hospital grab sheets are used when a person goes into hospital to transfer medical information. This placed people at increased risk of receiving inappropriate care and treatment.

Learning lessons when things go wrong

- Following a complaint with regards to medication administration, the provider arranged for staff to undertake additional medication training and the concern was discussed in a staff meeting. Although action was taken, we identified ongoing concerns and further learning and action was required.

Failure to provide safe care and treatment is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that they were receiving safe care and had no concerns. One person told us, " I feel completely safe with all my carers, nothing is a trouble to any of them."
- The provider took immediate action on receiving our feedback to implement systems to improve the medicine management and risk assessments at the service. We will need to review these changes to see if they are robust.

- Accidents and incidents were recorded and follow up action taken.

Systems and processes to safeguard people from the risk of abuse

● Systems did not always safeguard people. We saw there were two incidents, including unexplained bruising, which had not been followed up by the provider or reported to the local authority.

● Despite training staff did not consistently demonstrate an awareness of their responsibility to report safeguarding concerns. One staff member told us they would tell the adult that any conversation about safeguarding was, "between the two of us" and would not report safeguarding concerns unless the adult agreed. This meant there was an increased risk of people not being protected from abuse.

Failure to safeguarding people from the risk of abuse is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us they felt safe when receiving care from staff. One relative told us "[Person receiving the service] feels safe and fully trusts them."

Staffing and recruitment

● Recruitment processes were in place. We saw evidence of Disclosure and Barring Service (DBS) checks to ensure staff were safe to work with people. We found on one occasion that the provider hadn't sought a reference from the staff member's most recent employer. Doing this would further assure the provider that robust checks had been carried out on staff's past employment history.

● The people we spoke to said they had no concerns about missed calls and if care calls were running late they were informed. One relative told us, "They arrive on time, stay as long as they should and more importantly they bring my [person using the service] back to life."

Preventing and controlling infection

● Staff were aware of the principles of infection prevention and control.

● People confirmed staff used personal protective equipment when needed.

Requires Improvement

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 was the first inspection. We rated this key question as, 'Requires Improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.
We checked whether the service was working within the principles of the MCA.
● The provider was not consistently working within the principles of the MCA. Consent forms had been signed by a family member when they did not have the legal authority to do so.
● Processes were not followed in line with MCA, for example we did not see decision specific capacity assessments or best interests decisions recorded.
● People told us that staff gained their consent before supporting them. One relative told us, "They always gain consent. It's down to [person receiving the service] choice."
● Staff had received training in the Mental Capacity Act and told us how people should be supported to make their own choices.

Supporting people to eat and drink enough to maintain a balanced diet
● Where people needed support with meals, staff were not consistent in their approach. One relative told us they had to contact the management team to ensure all carers were cutting up food so the person using the service could eat it, another advised they had expressed concern staff were not leaving any alternative food for their relative if they declined their meal . This meant there was a risk people could go for a period of time without food.
● Where staff supported with meals they were able to tell us how they supported people to make choices. One staff told us how a person liked their food prepared in a certain way, they told us, "I know how they like their food prepared, but I still check it out with [person using the service] every time."

Staff support: induction, training, skills and experience
● Staff received training from an external training provider, however we found that staff did not always put their training into practice, such as regarding medication.
●People told us staff were well trained. One relative told us, "I think that the staff are well trained, the ones who come to us are."
● An induction programme was in place for new staff which included shadowing experienced staff and

undertaking the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- An assessment of people's needs was carried out when they first started with the service.
- Staff spent time reading people's support plans to gain an understanding of people's needs. One member of staff told us, "The first call takes the longest as I read the care plan to make sure I understand the care required."

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

- People were supported to access healthcare services and other agencies in a timely manner
- The service acted appropriately to a health care emergency. A relative told us staff contacted the ambulance and stayed with the person to support them.
- We saw evidence that the service had contacted the GP when a person's condition had deteriorated.
- We saw examples when the service had worked with other health and social care professionals to ensure people received specialist support.
- A care professional told us the service had used a "creative approach" to support a person in a difficult situation and that there had been regular communication. This meant the person's situation had improved and become more stable.

Requires Improvement

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 was the first inspection. We rated this key question as, 'Requires Improvement'. This meant the providers systems did not always support people to be well-supported, cared for or treated with dignity and respect.

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

- The provider's systems did not support the service to be fully caring. For example, people could not be assured that their care plans contained accurate information about their current care needs, medicine management was not always safe and people were not consistently protected from abuse.
- Staff demonstrated an understanding of people's care needs and told us the importance of respecting diversity and people's religious beliefs.
- People and relatives told us staff were kind and caring. One person told us, "We know each other well now and my carers are so kind to me."
- People were supported by regular staff which helped them to develop positive relationships. One person told us, "I couldn't be treated any better by anyone at Sinai, I have a group of regular carers and they all have worked really hard to get to know me and what I like."

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them with dignity. One person told us, "I am treated with dignity and respect all the time, when the carers are helping me get ready I am kept covered and the girls make sure my bathroom door is closed."
- Staff and relatives told us how they supported people to maintain their independence. A relative told us, "[Person using the service] can need encouragement to do things and the carers really try to make him do things for himself so as to help him maintain his independence."

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

- People and their relatives had been involved in developing their care plans and reviewing them.
- Staff informed us how they offered choices when delivering care such as what to eat and how people wanted their care provided.

Requires Improvement

Is the service responsive?

Our findings

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

This was the first inspection. We rated this key question as, 'Requires improvement'. This meant people's needs were not always met.

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

- We found that personalised support was not always given. A relative told us, "I have to stay on top of things, it's the little things." They advised they had left a note with instructions but it wasn't always followed.
- Staff demonstrated an awareness of people's preferences for care and people received consistent carers who got to know them well. However, care plans did not always contain personalised information such as people's hobbies and religion.

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 provider demonstrated an awareness of the standard and the Service User's guide, which included how to complain, contained pictures and could be produced in different fonts.

Improving care quality in response to complaints or concerns

- People were given information about how to use the provider's complaints procedure when they started with the service.
- People told us they knew how to complain. One relative told us, "They are straight onto it if I complain."
- We found one relative had complained about the same issue on more than one occasion. However, the provider had responded appropriately to the complaints by talking to staff and providing additional training.

Supporting people to develop and maintain relationships to avoid social isolation;

- We saw evidence that people were supported to access relevant activities in the community. One person told us, "Nothing is a trouble and from this week I think one of the carers is going to take me to the café to have lunch with my friend."
- A social care professional explained how the staff had supported a person to maintain a relationship at their request.

End of life care and support

- No one was currently receiving end of life support from the service.

Requires Improvement

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 was the first inspection. We rated this key question as, '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

- The provider did not always have effective systems in place to monitor the quality and safety of the service.
- Systems in place to audit the service had failed to identify and address medicine errors.
- There were ineffective safeguarding systems in place. Two safeguarding incidents had not been reported to the relevant body. There were no auditing systems in place to identify trends and reduce risk.
- There was no effective system in place to ensure care plans provided sufficient guidance for staff to follow and were up to date. This meant there was a risk that people would not be supported in a safe way and would not receive care how they wished.
- During our inspection, we needed to prompt the provider to address medicines errors, poor record keeping and safeguarding concerns as their own oversight had failed to identify these issues.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager and provider had not appropriately submitted notifications to the Care Quality Commission. Whilst they had notified us of other incidents they had failed to notify us of allegations of abuse.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this breach and will issue a supplementary report once this decision is finalised.

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

- People's views were gathered in a variety of ways including bi-monthly surveys and care reviews. However, the provider could not consistently demonstrate how they had acted on the information to drive improvements. The feedback we received was mixed, one relative told us they "had to stay on top of things" to ensure improvements were made, a care professional told us the provider had taken positive action to address concerns discussed at a review.
- Most of the people and relatives we spoke to informed us the service had helped people to achieve good

outcomes, although a number of relatives advised they had to discuss concerns with management to achieve this. One person told us, "Yes I would recommend the company as our lives have improved since they started coming."

Working in partnership with others

● We received mixed feedback on how the service worked well with others. One care professional told us communication with the management team was very good. Another advised on more than one occasion management did not turn up for an arranged appointment and they had to chase this.

● Relatives told us that staff were good at contacting them if they had concerns about people. One relative told us, "I am notified of concerns, there is good communication."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour

● People and relatives informed us the registered manager was responsive. One person told us, "I never have any trouble getting through to the office if I need to but the manager rings us regularly to check we are ok."

● Staff felt supported in their role. One staff member told us, "Managers are approachable. I am able to raise concerns and if I'm not sure I ask."

● Staff received regular team meetings. One staff member told us meetings were, "Very supportive, open and honest."

Continuous learning and improving care

● We saw the provider completed competency checks and had taken steps to ensure carers were staying for the correct time on calls. A staff member told us, "They come and do competency checks and make sure we spend the right amount of time there." A relative confirmed that they had seen improvements with this issue.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems and processes in place in order to continually assess, monitor, evaluate and improve the service provided.

The enforcement action we took:

warning notice issued.