Seremed Healthcare Ltd

Seremed Healthcare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Seremed Healthcare is a domiciliary care agency providing personal care to people living in their own homes. There were three people using the service at the time of the inspection all of whom were receiving 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
Information about risks to people was not always comprehensive. More robust systems were needed to gather safety related information to look for themes or trends or to help identify learning.

We were not assured, that the governance systems in place were being fully effective, or reliable, at driving improvements and ensuring that the fundamental standards were being met. We were concerned that the registered manager was not, in practice, in day to day management of the service, or that they had a sufficient oversight of the provision of care.

People and their relatives were positive about staffing and told us they received a consistent and reliable service. Overall, relevant recruitment checks were in place including Disclosure and Barring Service (DBS) checks. Staff followed safe infection control practices. Staff knew how to recognise the signs of abuse.

People and their relatives had confidence in the skills and knowledge of the care team. New or inexperienced staff were mentored and guided, but ongoing supervision and training was not taking place consistently. There was scope to develop care plans to create more accurate, personalised and comprehensive plans that more fully described the person's needs and how these were to be met. There was mixed evidence about how effectively staff monitored people's health. People were supported with preparation of food and drinks.

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 were treated with kindness and compassion. Staff spoke positively about their work and the importance of building strong relationships with people. Staff respected people's privacy and dignity and promoted people's independence.

Staff provided people with person-centred support and people received consistent, timely care and support from staff who knew them well and understood their needs. A complaints policy was in place. Staff worked with healthcare professionals to ensure people experienced a comfortable and dignified death however, people's priorities for their future care had not been incorporated into an end of life or advanced care plan.

The registered manager had instilled a positive work culture where staff felt valued. Feedback from people and their relatives indicated that they felt the service was well managed. They described staff as working well as a team and displaying person centred values and behaviours including compassion and respect and the promotion of independence.

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

Rating at last inspection and update
This service was registered with us on 4 September 2020 and this is the first inspection.

Why we inspected
We undertook this inspection so that we could give this registered service a rating.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management and the effectiveness of the governance arrangements.

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

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 and local authority 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Seremed Healthcare

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 carried out 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.

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 that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since their registration with CQC. 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 visited the providers office where we spoke with the registered manager and senior care co-ordinator and one care worker. We also reviewed a range of records. Following the inspection, we spoke with one person using the service and a further two people's relatives about their experience of the care provided. We also spoke with two care workers and sought feedback from two health and social care professionals.

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 is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Information about risks to people was not always comprehensive. This is important to ensure that staff know how to respond to and manage risk. For example, one person's nutrition plan did not contain sufficient information about their dietary risks and how these should be managed. One person lived with epilepsy but there was no care plan in place to guide staff on what to do should the person experience a seizure. Falls risk assessments did not fully reflect known risks and there was, in some cases, a lack of evidence that new risks, such as reduction in mobility and new skin concerns had been escalated to relevant healthcare professionals.

The registered manager had not taken sufficient action to assess and plan for the risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. Safe care and treatment.

● There was evidence that staff informally shared information about risks to people with one another and the staff we spoke with all had a good understanding of people's needs and risks and this mitigated some of our concerns. However, we were concerned that were the service to grow in size, this approach would not ensure that information about risks was consistently and reliably shared.

Learning lessons when things go wrong

● Staff understood their responsibility to report and record safety related events. They all felt that these would be taken seriously and told us that the registered manager was prompt in reinforcing correct practice to all staff.

● However, we were not fully assured that the registered manager had robust systems in place to gather safety related information to look for themes or trends or to help identify learning. For example, the registered manager told us there had been no reportable incidents or accidents since the service started to operate, however, they later shared that there had been two missed visits. Whilst the root cause of these missed visits had been investigated, an incident form should have been completed so that the review of what went wrong was fully documented to inform future learning and to help identify any emerging themes.

Staffing and recruitment

● People and their relatives were positive about staffing and told us they received a consistent and reliable service. One relative said, "They are regular and arrive on time" and another said, "They might get held up for quarter of an hour, but they have never missed a visit and they always stay the right amount of time."

● There were currently four staff employed in addition to the registered manager. Staffing levels were

determined by the numbers of people receiving care and support and the registered manager told us that they did not accept new referrals unless they were confident they had the staffing hours available to support this. They said, "Its better to be small, but to do it right, the maximum we have ever had is six, that is what we can cope with."

● Staff felt staffing levels were good and allowed them to meet people's needs. One staff member said, "Yes calls are realistic, we only have three people, we have lots of room to get to people."

● One relative told us there had been a small number of occasions when only one care worker had been sent to provide care and when the care plan has assessed that two were needed. They told us that the care worker had completed the care on their own. We have raised this with the registered manager and asked that this be investigated.

● Overall recruitment procedures were robust and most of the relevant checks were in place including Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● In the case of two workers, a full employment history had not been recorded for periods of time when the staff member had been living abroad. The registered manager said they would ensure that systems are put in place to gather this required information moving forward.

Using medicines safely

● The registered manager told us that the service had not, so far, provided any support to manage people's medicines as this was either being managed by the person independently, or by a family member.

● People's care plans lacked clarity about roles and responsibilities in relation to the administration of medicines as some of the information recorded was conflicting.

● Staff received training in the safe handling of medicines. If medicines support was required as part of a person's care, the registered manager said that relevant staff would receive an assessment of their competency to put their learning into practice.

Preventing and controlling infection

● Staff had undertaken training in infection control when they first started working for the service and people told us that staff followed safe infection control practices when in their homes. This included wearing appropriate personal protective equipment such as masks, aprons and gloves, and ensuring regular hand hygiene.

● Staff were taking part in a programme of regular testing for COVID-19 in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

● People felt safe when being supported by staff. One person said, "Yes I do feel safe." Relatives also felt their family member was safe. Comments included, "They [Care staff] are gentle with him."

● Staff knew how to recognise the signs of abuse. They had received training in safeguarding people from harm and were able to describe how they would escalate any concerns about abuse.

● Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety. For example, one staff member said, "I am massively convinced [Registered manager] would act, no doubt in my mind."

Good

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 is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the skills and knowledge of the care team. One relative said, "They seem to be well trained, they are very thorough" and another said, "They are very much well trained."
- Staff told us they were supported to undertake an induction which included a period of shadowing more experienced colleagues and completing a range of online training which covered all of the Care Certificate standards. This was followed by a competency assessment which reviewed the staff members performance in each of the standards before they were allowed to work independently. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One staff member told us, "I started shadowing and went round with [Senior care coordinator] for two full weeks, they waited until I was confident, I was not thrown in the deep end… with moving and handling, I did have a formal assessment with [Registered manager] when she made sure I was competent… when the [Moving and handling equipment] changed they came round again and rechecked… yes I feel I have had enough training, I know that if I said to [Registered manager] can I have training in x, they would find me a course."
- Relatives confirmed that new or inexperienced staff were mentored and guided. One said, "[Senior care coordinator] brings in new carers, he shows them what to do."
- Whilst we did not find that this had impacted on the effectiveness of people's care, we found that training was not being refreshed in line with the provider's own procedures, or best practice guidance, and supervision had not always been delivered consistently. We have spoken further about this in the well led section of this report.

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

- Each person had a basic care plan which covered areas such as dietary requirements, mobility, medicines management and personal hygiene and communication. There was scope to develop these plans to create more accurate, personalised and comprehensive plans that fully described the person's needs and how these were to be met.
- Shortfalls in the information available in care plans was mitigated as information was informally shared between the small staff team and all the staff we spoke with, knew people and their needs well. This was confirmed by the people and relatives we spoke with.
- People and their relatives were happy with the quality of care provided. One person told us, "They are very good" and a relative said, "[Person] is so happy with the carers."

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

● All of the people currently being supported were able to liaise with other organisations or healthcare providers independently, or, were supported to do this by family members with whom they lived.

● We found mixed evidence about how effectively staff monitored people's health. Where the monitoring had been effective, this had led to positive outcomes. For example, one person's pressure ulcer had healed and a relative praised the way in which the care had had a positive impact on their family members health and wellbeing, saying, "It is definitely the care responsible for this." The registered manager told us how she and her team had previously worked with community and palliative care services to ensure a person had a pain free and comfortable death.

● However, we also identified some examples where it was not clear that new risks to people's health had yet been appropriately escalated. The registered manager was confident that this would have been completed but acknowledged there was no record to support this. They assured us they would undertake checks to ensure the concerns had been appropriately shared.

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

● Where this was part of the agreed care plan tasks, people were supported with preparation of food and drinks. One person told us, "They help me with meals, they all know that my drinks are thickened, they do a good job."

● There was evidence that staff involved people in choosing what they would like to eat, and people's food preferences had been recorded.

● We have noted in the safe section of this report that one person's care plan needed to be more detailed about how their nutritional needs were to be met safely.

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 MCA 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.

● There was evidence that staff empowered people to make their own decisions about their care and support.

● People, and their relatives, told us staff asked for consent before providing care and the provider had appropriate systems in place to gain and document people's consent for the care being provided.

● Staff showed an understanding of the mental capacity act. One care worker told us, "Mental capacity is making sure whether [People] are capable of making their own decisions… We try to maintain choice… [Person] is really good at communicating what he wants, he always tells me his preferences, what clothes he wants to wear." This staff member told us how one person they supported had recently made an unwise decision that could impact on their health, they described how they could not override this, but could only

advise the person about the consequences of their decision.

● The registered manager told us that everyone using the service was able to provide consent to the care being provided and so no mental capacity assessments had been undertaken, however, they did demonstrate an understanding of best practice around assessing mental capacity and completing best interests' consultations.

Good

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 is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and compassion. This was also reflected in the feedback from relatives. One person told us, "I do think they [Staff] are kind and caring, I'm very lucky… [Staff member] has been a regular until recently, I have a lot of respect for him… They all astonish me, they are very good, so polite."
- Staff spoke positively about their work and the importance of building strong relationships with people. The impact of this for people was evident in the feedback we received, for example, a relative said, "[Family member] thoroughly enjoys their company, he is at ease, he can talk to them." Another relative said, "They [Care staff] are very kind and caring all the time, [Person] has a good relationship with the carers, they all have a lot of patience… they are very good at cheering him up."

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

- Care documentation provided some evidence that people had been involved in making decisions about how and when their care was provided. For example, staff had recorded the times that one person preferred to take their meals and their favoured food and drinks.
- The importance of offering choice was referenced in peoples care plans and other documentation such as the visit schedules. One staff member told us, "[Person] is really good at communicating what he wants, he always tells me his preferences, what clothes he wants to wear."
- However, two people's relatives told us that neither they, nor their family member, had a copy of the care plan. Whilst they were not overly concerned by this, having a copy of the care plan allows the person to check that they are receiving the right level of care and therefore stay in control of their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One relative told us, "They [Care workers] are respectful, kind, very pleasant, friendly people."
- If a person could undertake aspects of their care independently, then staff promoted this. A relative told us how this approach had led to their family member making improvements and because of this having a better quality of life.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

● Staff provided people with person-centred support. Due to the smaller size of the service, and the number of staff employed, people received consistent, timely care and support from staff who knew them well and understood their needs. For example, one person told us, "They are very good, they change my bedding, trim my beard, cut my hair, shower me, very respectfully, select my clothes with me." The two relatives we spoke with also confirmed that staff had a good knowledge of their family member's routines and provided care that was responsive to the persons individual needs.

● Despite this positive feedback from people, daily notes were task focussed and would have benefitted from being more person centred.

● We heard of examples, of staff going the extra mile to meet peoples needs in a responsive way. For example, a staff member had made an unscheduled call at 4am to one person who had contacted the services out of hours service as they were in need of additional support.

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 registered manager understood the importance of providing information to people in ways that they could understand. However, we found that people's communication needs had not always been clearly assessed and documented and this was an area where improvements could be made.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place and information about how to raise a complaint was recorded in the service user guide.

● People told us they would have no concerns making a complaint. For example, one relative said, "Yes I know how to make a complaint, but there is nothing they can do better, they are absolutely A class".

● The registered manager told us no complaints had been received since the service started to operate.

End of life care and support

● At the time of our inspection, the provider was not providing end of life care to any of the people they were caring for. The registered manager was able to tell us about people that they had previously provided end of

life care to and how they had worked closely with healthcare professionals to ensure people experienced a comfortable and dignified death. They explained that staff had gone above and beyond to make, unpaid, return visits to care for the person when this was needed, and in order to support the person's main carer.

● A staff member told us about how they had approached the care of another person who had passed away. They said, "It was hard to see [Person] deteriorate, it not easy, you have to do your job and be there. I asked her a lot about what she liked, religion, what her wishes were."

● One person's care plan stated that they had a 'Do not attempt cardiopulmonary resuscitation order' (DNACPR) in place. Upon checking this was found to be a 'Respect' form. Whilst the respect form did include a 'do not attempt resuscitation order, it also contained personalised recommendations for the person's clinical care and treatment in other areas. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their future care and treatment. In this case, this information and the person's priorities for their future care had not been incorporated, by the service, into an end of life or advanced care plan. The registered manager told us this would now be put in place as a matter of urgency.

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 is the first inspection for this newly registered service. This key question has been rated 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; 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

- People received good care and staff spoke positively about working at the service.
- However, whilst there were a range of governance systems in place, we were not assured, that these were being fully effective, or reliable, at driving improvements and ensuring that the fundamental standards were being met.
- This inspection identified shortfalls in areas such as risk management and the completeness of documentation.
- Electronic records completed staff at each of the care visits did not provide assurances that two workers had attended each care call, when this was required, or how long the visit had lasted. This limited the ability of the registered manager to monitor care visits to ensure they have not been missed, to check that visits are lasting for the correct amount of time and that the correct tasks has been completed on each visit.
- The provider's service user guide stated that training was refreshed on an annual basis, although records did not show that this was happening in practice. Three of the four staff had last completed training in moving and handling, medicines management and safeguarding adults in November 2020.
- Supervision included one to one sessions and observations completed when delivering care. However, records showed this was not being provided consistently or in line with the provider's policy. For example, two staff who were employed in 2020, had no documented supervision in 2021.
- The registered manager was delivering training and undertaking competency assessments in moving and handling, but their qualification to do this had expired.
- Some of the organisations policies and statement of purpose needed to be updated to reflect more accurately the approaches being used in practice but also current legislation.
- Whilst staff told us, they felt well supported by the registered manager, we were not assured that the registered manager was, in practice, in day to day management of the service, or that they had a sufficient oversight of the provision of care. Two of the three people being supported had not met the registered manager. Recent care plan audits had been completed by the care workers without it being clear that they had been trained about what to look for when completing quality checks. Some spot checks had been completed by the senior care coordinator, but some had been completed by care workers on their peers. We were concerned that this type of performance monitoring might not be robust.

The governance arrangements were not being effective at assessing and maintaining the quality of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities)

Regulations 2014 Good governance.

● The registered manager told us that there were plans for the senior care coordinator to apply to register as manager, after which they would step down from this role.
● We were also advised that some of the planned quality assurance processes such as appointing a consultant to undertake quality monitoring checks had been delayed due to the pandemic.
● The registered manager understood their responsibilities in relation to Duty of Candour. They told us it was important to be "Open and honest about anything we have done even if we have done something wrong. As we learn from that."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager had instilled a positive work culture where staff felt valued. One staff member told us, "[Registered manager] is 100% approachable… We are all really communicative, we chat on WhatsApp, check on each other… [Registered manager] and [Senior care co-ordinator], everyone, are so lovely and have helped my journey coming into healthcare." Another staff member said, "It is a lovely place to work".
● Feedback from people and their relatives indicated that they felt all staff worked well as a team and displayed person centred values and behaviours including compassion and respect and the promotion of independence. A relative spoke of the positive outcomes the care was achieving for their family member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: continuous learning and improving Care Quality Commission
● Overall, the people, and relatives, we spoke with, felt communication was good. This was mostly done informally, so for example, people did not receive a schedule which told them which care worker was going to be attending their care visits. Instead, each care worker told the person who would be supporting them at the next visit. Most were happy with this, although one person did say they would prefer a written schedule.
● The registered manager had systems in place to seek feedback from people and their relatives about the quality of care being provided. This included completing reviews and undertaking regular satisfaction surveys. The most recent surveys had all been positive in their responses.
● Staff meetings did not take place. However, the staff we spoke with did not feel isolated and told us communication about changes or updates was good. One staff member said, "No we don't get together, it's hard to find the right time, but we get a briefing and are emailed if there are any changes."

Working in partnership with others
● We sought feedback from health and social are professionals, but we did not receive a response.
● Staff had undertaken a review with relevant healthcare professionals as one person's needs had increased. Staff also advocated with commissioners of care to ensure that when people's needs increased, additional care was made available.
● We did note that in some cases, staff could have been more proactive in their engagement with healthcare professionals to ensure they had all of the information they needed about how to manage people's more complex healthcare needs. The registered manager is taking action to source this additional information.

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 The registered manager had not taken sufficient action to assess and plan for all of the risks to people's health and safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance arrangements were not being effective at assessing and maintaining the quality of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.