

Macmace Limited

SureCare (Preston & South Ribble)

Inspection report

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Ratings

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

Summary of findings

Overall summary

The office premises of SureCare (Preston and South Ribble) are located in Chorley town centre with easy access by public transport. There are 35 support staff appointed. Personal care and support with domestic tasks is provided for 103 people within the community, to allow them to remain in their own homes for as long as possible. The premises has several offices suitable for training, meetings and interviewing purposes. A strong team provide management and administrative support. SureCare is owned by Macmace Limited and is regulated by the Care Quality Commission (CQC).

The last inspection of the service took place on 08 September 2014, when it was compliant with all six outcome areas assessed at that time.

A visit to the agency office was conducted on 18 February 2014 by two inspectors from the Care Quality Commission. The registered manager was given short notice of our planned inspection. This was so that someone would be available to provide the information we needed to see.

The registered manager of the agency was on duty when we visited SureCare. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records and annual appraisals were retained on staff personnel files.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people, who used the service, or their relatives, when relevant had been involved in making decisions about the way care and support was being delivered.

Structured reviews of people's needs were conducted, with any changes in circumstances being normally recorded. However, reviews were completed as often as circumstances dictated. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy was always promoted.

In general, staff spoken with told us they felt well supported by the management of the agency and were confident to approach any member of the management team with any concerns, should the need arise.

Medications were, in general being well managed. Detailed policies and procedures were in place. Medication Administration Records were being completed appropriately and people told us they received their medicines on time and in a safe manner.

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 ●

This service was safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were allowed to work in the community. This helped to ensure that only suitable people were employed to work with this vulnerable client group.

A range of risk assessments had been conducted and accidents had been recorded appropriately. Medicines were, in general being managed well.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which would be implemented if necessary.

Is the service effective?

Good ●

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules, regular supervision and annual appraisals.

Consent had been received from people before care and support was provided. Staff had received training in relation to the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS].

Is the service caring?

Good ●

This service was caring.

Evidence was available to show people had been supported to plan their own care. Those who used the service felt that staff were kind and caring.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as

independent as possible and to maintain a good quality of life.

Is the service responsive?

Good ●

This service was responsive.

An assessment of needs was done before a package of care was arranged. Plans of care, in general reflected people's assessed needs and how these were to be best met. Structured reviews of people's needs were conducted. However, reviews were completed as often as circumstances dictated, with any changes in needs normally being recorded well.

The plans of care were well written and person centred. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good ●

This service was well-led.

In general, staff spoken with felt well supported and most were complimentary about the way in which the agency was managed. Records showed that a culture of openness and transparency had been adopted by the agency.

Well organised systems were in place for assessing and monitoring the quality of service provided, which included feedback from those who used the service.

The agency worked in partnership with other organisations and an important aspect of the service was the ethos of sharing relevant information with those who needed to know.

SureCare (Preston & South Ribble)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 18 February 2016 by two Adult Social Care inspectors from the Care Quality Commission (CQC).

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager had completed a Provider Information Return (PIR), within the timeframes requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who used the service and three relatives, either by visiting them in the community or by telephone conversations. We spoke with eight members of staff during our inspection, as well as the registered manager and administrative staff. Whilst at the agency office we looked at the care records of ten people who used the service and also 'pathway tracked' the care and support of a further five who we visited in the community. 'Pathway tracking' is a method we use to establish if people are receiving the care and support they require.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe using the services of SureCare. One person said, "I always feel safe when the carers are here. I look forward to them coming" and another commented, "The same carers have been coming here for a long time so, yes, they do know a lot about me." One family member told us, "All the carers are very patient and sociable and I have never seen anything that has concerned me." Another commented, "This is an excellent service. I have no concerns."

All staff we spoke with confirmed they had completed training in safeguarding adults and were confident in reporting any concerns they had about the safety of those who used the service. Records we saw supported this information, as being accurate. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of SureCare. One member of staff told us, "The induction I did at the beginning was very good and taught me a lot, including the different types of abuse and how to recognise them." Another said, "I would not hesitate to tell the manager if I thought one of the service users was at any sort of risk."

A detailed policy in relation to safeguarding vulnerable adults and whistle blowing was available at the agency office. This informed staff members about the procedure they needed to follow in the event of an actual or potentially abusive situation. Staff members we spoke with were fully aware of this important policy and they confirmed that they would use the whistle blowing policy if needed to protect those in their care. A system was in place to record any safeguarding referrals which had been passed to the local authority and the Care Quality Commission. This enabled the registered manager to monitor the frequency and details of any concerning information and to address any issues promptly.

A variety of assessments had been conducted, within a risk management framework, so that people were protected from harm. These had been reviewed regularly and covered the current risk, as well as the prevention and control measures implemented to reduce identified risks. Risk assessments had also been conducted in relation to any potential environmental hazards. For example, steps, paths, lighting, ventilation, hot water, gas and electricity, which helped to ensure people, were living in safe surroundings.

Houses we visited were safe and tidy, which reduced the risk of trips or falls. Key-safes were fitted at people's homes and external doors were locked when staff were departing. Each support worker rang the office when they arrived at and when they left people's homes. Together this helped to safeguard those who used the services of SureCare. Each person who used the service was given the opportunity to have home assessments conducted by the Lancashire Fire and Rescue Service. This helped to ensure people's safety was maintained.

We saw one person being transferred in a hoist by two support workers. This manoeuvre was conducted in a safe and competent manner. The staff members constantly reassured the individual by explaining every step of the process.

We noted that the policies and procedures of the service covered disciplinary matters and we spoke with

staff members about the recruitment procedures adopted by the agency. During our visit to the agency office we looked at the personnel records of five people who were employed by the service. We found recruitment practices to be robust. Details about new employees had been obtained, such as application forms, health declarations, written references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, or have been deemed 'unfit' to work with vulnerable people, so they can make a decision about employing or not employing the individual. Personnel files showed that each member of staff was asked to confirm annually if they had or had not received any police convictions or cautions during the previous year. This helped to ensure that staff members remained fit to work with this vulnerable group of people.

Thorough interview processes had been followed, which allowed the management team to discuss with the prospective employee any areas which needed further exploration. Staff members we spoke with confirmed that all relevant checks had been conducted before they were able to start working alone. However, we noted that one person had started their induction prior to relevant checks being received. We discussed this with the registered manager at the time of our inspection and we were told that this employee did not work in the community until all checks had been obtained. We advised that it would be beneficial to record the date of the first shift when staff members worked in the community. This would help to demonstrate that all relevant checks were received prior to new staff working in the homes of those who used the service. The staff personnel file check list was amended in accordance with our suggestion during our inspection to show the following: Induction dates, shadowing dates and lone working dates.

Accidents and incidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. A business continuity management plan was in place, which covered action that needed to be taken in events, such as power failure, flood, gas leak or denial of access to premises

All care plans we looked at, with the exception of one, contained evidence of regular reviews. The plan of care for one individual however had not been reviewed as was needed. This showed that a medication review was required and that the individual's needs had changed in relation to the management of medication. Two support workers we spoke with confirmed that this person's medication needs had recently changed, but this was not reflected in the plan of care. One support worker told us, "We need to administer his medication for him now." This was discussed with the registered manager at the time of our inspection and we were confident that this one care plan would be reviewed without delay and updated to reflect the individual's current medication needs.

During the course of our inspection we assessed the management of medications. We saw that there were a range of policies and procedures in place, which covered areas, such as self-medicating, prompting and administration of medications, variable dose and medication training for staff. We also noted that risk assessments and clear monthly medication audits were conducted by each supervisor, for their different locations. Any errors had been identified, such as missed signatures and these were investigated thoroughly with a record of the action taken in order to reduce the possibility of re-occurrence. We discussed the management of medications at length with the registered manager, who had good knowledge of people's medication and the levels of assistance they required to take their medication safely.

We found the Medication Administration Records (MARs) had been completed appropriately. We saw that 'as and when required' (PRN) medications had been given as prescribed. One support worker told us, "I always ask first. I don't automatically give the medication without asking (PRN)." We checked the medication records of one person, who was prescribed PRN Paracetamol and found that there was no record to show how many paracetamol should have been present. They were simply requested on a repeat

prescription. We suggested a daily count sheet would provide an extra safeguard for recording purposes and the support worker we spoke with commented, "I think that's a good idea and will recommend we put one in straight away."

Records showed that support staff were periodically observed dealing with medications by their supervisors. This helped to ensure that safe medication standards were maintained.

Is the service effective?

Our findings

Comments from people who used the service included, "The same carers come all the time, except for weekends sometimes, but they all know what I need" and, "I know that if I needed a doctor one of the carers would arrange it for me." A family member of one person told us, "The carers are very good at keeping in touch with me. If anything happened I know they would ring me" and another commented, "The same carers have been going into [name removed] for a while and I think that helps."

At the time of this inspection there were 103 people who used the service. People we spoke with and their relatives told us they thought the support staff were well trained and competent. People said they were most satisfied with the care and support they received from SureCare.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that policies and procedures were in place around capacity and consent. The registered manager told us that no-one's liberty was being restricted at the time of our inspection and records we looked at did not suggest otherwise. We saw consent forms were present in the care plans and they had been signed by the person who was receiving care and support. Additionally we heard support workers asking people for their consent before providing support. For example, when washing, transferring or hoisting those in their care.

People we spoke with told us their health care needs were being met. Records showed that external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required. Support workers had a good understanding of their roles and responsibilities.

New employees commenced employment on a probationary period, during which time they were assessed and closely monitored, to ensure they were attaining the standards expected of them. New starters were issued with a range of relevant information before they started work, which helped them to do the job expected of them. This included documents, such as job descriptions relevant to their roles, terms and conditions of employment and important policies and procedures of the agency. An employee handbook was also issued to new starters, which incorporated important information for all staff members.

The training programme for new staff commenced with a five day in-depth induction plan, which was in accordance with the nationally recognised care certificate. The probationary period for all staff was followed by a review of their work performance. This helped to ensure all staff were suitable to undertake the role for which they had been appointed.

Each member of staff had an individual training and development record. Mandatory training modules for all members of staff included areas such as, dementia, medication awareness, fire safety, equality and diversity, health and safety, moving and handling, safeguarding vulnerable adults, infection control, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), basic first aid and basic food hygiene. All staff members received regular refresher courses for mandatory training modules, so that they were kept up to date with any changes in legislation and current good practice guidelines.

The staff training matrix and certificates of achievement on staff personnel records showed that a good percentage of staff had passed each mandatory course. In addition, extra training was provided in accordance with the needs of those who used the service. For example, diabetes, end of life care and the use of uridoms were areas of training some staff members had completed, in order to help them to provide the care and support which individuals required. Records showed that during their induction period, staff were expected to complete 'shadowing' shifts with an experienced support worker before they could work alone. However, there was flexibility to extend the induction period, should it be felt necessary and this was decided on an individual basis. This helped to ensure that new staff gained the confidence and skills they needed to provide the care and support, which people required.

Staff members we spoke with told us the information and initial training provided was sufficient for them to be able to do the job expected of them. One member of staff said her induction was thorough and she felt comfortable to ask for support and advice, as was needed. Staff spoken with told us they had supervision meetings every three months, annual appraisals with their line managers and were observed doing the job at regular intervals. Records we saw confirmed this information as being accurate.

Staff members we spoke with told us they were offered 'plenty of training', some of which was online and some face-to-face. They gave us a range of good examples of training modules they had completed, such as health and safety, fire awareness, safeguarding adults, first aid at work and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. Records showed that a dementia initiative had been completed by the agency. This was awarded by a recognised training organisation.

Staff spoken with had a good understanding and knowledge of people's individual care needs and were able to discuss these in detail. This helped to demonstrate that those who used the service received the care and support they required. Records showed that regular observations of staff performance were carried out and knowledge checks in various areas, such as safeguarding adults were completed each year. These linked well in to regular supervision sessions and annual appraisals, which covered areas, such as training, qualities and skills and a summary of the previous years' work performance.

People who were assisted with dietary requirements were asked by support workers what they would like to eat and we noted that beverages and snacks were left within easy reach of each individual before staff members left their homes.

Is the service caring?

Our findings

People were very complimentary about the care staff, particularly their regular care workers. One person who used the service told us, "I could not be happier with the girls who come here. They help me so much" and another said, "I don't know what I would do without them now. My husband works, so they come in and do everything for me." A family member commented, "It's a really good service and they look after my husband very well." Another said, "I could not fault anything about the carers or the service we get. We are invited to any care plan reviews, so we feel really involved."

Visits from healthcare professionals had been recorded in the daily notes, which were up to date. Health action plans and hospital passports were also seen. This helped to ensure that people's health care needs were being appropriately met and that sufficient information was readily available to be passed on to other relevant organisations, such as the ambulance service or hospital staff.

Policies and procedures incorporated the importance of confidentiality, privacy and dignity and providing people with equal opportunities. Other areas covered in the information available were autonomy, independency and advocacy. An advocate is an independent person, who will act on someone's behalf and support them in the decision making process, should they wish to access this service. A statement of purpose was available in the homes we visited, which provided detailed information for those who used the service, outlining the values and principals of the organisation, as well as the facilities and services provided by SureCare.

We looked at the care records of fifteen people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of their relative. They confirmed that a copy of their care plan was retained at their house. The plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence as far as possible.

People we spoke with told us their privacy and dignity was consistently respected and their independence was promoted by a kind and caring staff team.

We observed plenty of good humoured interaction between staff and people who used the service, which created friendly and relaxed relationships. Support workers were caring, kind and respectful and they responded to people in a well-mannered and patient way.

Assistance was offered, as was needed, during which time support workers provided on-going verbal interaction and reassurance for those they were supporting. People we visited were well presented and they told us that their personal care needs were being fully met.

Support workers we spoke with were knowledgeable about people's care and support needs and approached individuals in a dignified manner, ensuring their privacy was respected. One member of staff

told us, "I always try and sit down for five minutes before I go, just to have a little chat" and another said, "I always knock [on the door] and shout the person's name before I go in. I would never just walk in."

Is the service responsive?

Our findings

One person who used the service told us, "I know the managers and have the office number. If I had a complaint I would ring one of them." Another said, "One of the managers comes out now and again and asks how we are and if everything is all right."

Comments from family members included: "I had to complain about one of the carers once, but it was a while ago now. It was sorted out straight away and they never came again"; "I always get invited to the care plan reviews, so I can have my say about things. I do feel involved" and, "If I had any sort of complaint I would be happy to ring one of the managers and tell them about it."

We examined the care records of fifteen people who used the service. These files were well organised, making information easy to find. We 'pathway tracked' the care and support of five of these people and also chatted with three relatives, when we discussed the quality of care people received. People told us they were happy with the care and support delivered by the staff team. One staff member told us, "If I saw any change in a person's health or care needs I would report it and a review would be done." Another commented, "When we have a review, we invite the family members, so we can get their views too."

Detailed needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service.

We found the plans of care to be well written, person centred documents. They included people's family history, social needs, likes and dislikes and medical conditions. They had been developed from the information obtained before a package of care was arranged and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves.

The plans of care had been reviewed and any changes in need had generally been recorded well. A record was made of each visit, so that all staff attending the individual were aware of any relevant information. This helped the staff team to provide continuity of care. People who used the service and their relatives told us they had enough information about their care plans and that they were involved in the care planning process, as much as they wanted to be.

People we spoke with told us they would know how to make a complaint and they would feel comfortable in doing so, should the need arise. A detailed complaints procedure was available at the agency office and also within people's homes, which covered informal and formal complaints. The procedure told its readers about specific time frames for investigating and responding to complaints received. A system was in place for any complaints to be recorded and addressed in the most appropriate way. This enabled the registered manager to assess and monitor the frequency of concerns raised and to identify any recurring patterns.

We noted that some care staff were helping to pilot a new system of documenting information and had been supplied with electronic tablets, which contained care records. We were told that people who used the

service enjoyed signing their plans of care on the tablets. People felt that the introduction of electronic tablets worked well for all concerned and we were told this was going to be rolled out across the entire workforce.

We saw a variety of dementia care items were available for staff to use when visiting those who lived with dementia, such as large dice, with questions on each face, such as 'What is your happiest memory', 'Who is your best friend', 'Name a holiday you enjoyed' and 'Name a film which you like'. The electronic tablets also contained some dementia friendly games to interest people who lived with dementia. We were told of a particular person, who enjoyed doing a crossword with one member of staff on the tablet. We were told, "[Name removed] enjoys trying to work out the answers."

Is the service well-led?

Our findings

One person who used the service told us, "The staff are very accommodating and helpful. They send a rota out every week, so I know who is coming. I like that." Another said, "I know the managers and they come out at different times and do checks. They are very good."

Comments from family members included: "I know the seniors and the managers and I could call them anytime and speak to any one of them." And, "Sometimes we don't get the same carers, but they are all very well trained. There's no doubt about it. They're all very good."

The registered manager was on duty at the time of our inspection. Positive feedback was received about her management style and people we spoke with said the office staff were approachable. However, those who used the service said the manager never visited them in their homes, although senior staff regularly visited for reviews and 'spot checks.' Family members and support staff spoke positively about the manager. One relative said, "She is easy to talk to." We found the service focused on a culture of openness and transparency. The service had notified us of things we needed to know and a system was in place, so that such notifications could be closely assessed and monitored.

The agency had been accredited with an external quality award, which demonstrated that periodic assessments were conducted by an independent professional organisation. SureCare (Preston and South Ribble) had also been awarded an internal quality award by the organisation. A range of quality audits were regularly conducted, such as medication management, complaints, care planning, staff personnel records and staff training. This helped to ensure that an effective system was in place to continually assess and monitor the quality of service provided. An audit of compliments was conducted and any positive responses were passed on to the member of staff concerned, which was considered to be good practice.

We saw that annual surveys for those who used the service and staff members had been conducted. This enabled people to express their views about the quality of service provided. Results we saw from the surveys were positive. An overview of responses was generated for easy reference and action plans were developed from the feedback received. This helped to ensure that any concerns raised were dealt with in a timely manner. A seasonal newsletter had been introduced, which was circulated to those who used the service and their relatives and which informed people of any important information and topics of interest.

The majority of staff we spoke with felt well supported by the managers of SureCare and records we saw showed there was a good retention of staff, most of whom said they enjoyed working with the agency. However, two members of staff commented about calls sometimes running over and therefore they were not always able to spend the allocated amount of time at people's houses, when this happened. However, we were told of an electronic monitoring analysis system, which showed the length of individual visits, so that the registered manager could monitor each call and how long they lasted.

It was established that weekly meetings were held for the management team and three monthly meetings for the general workforce. This allowed relevant information to be disseminated and encouraged people to

discuss any topical issues within an open forum. Care workers told us that supervisions, appraisals and spot checks occurred frequently. Records we saw supported this information. Knowledge checks were also retained on staff files. These identified any areas of weakness, which needed to be addressed and these were subsequently discussed with the staff member concerned. This helped to ensure that all staff members were performing to a good standard.

One member of staff told us, "We do get plenty of training and the managers keep on reminding us to do it. They are very keen on training." Another said, "I have just had supervision, just last week and we get regular spot checks from the seniors."

We requested to see a variety of records, which were produced quickly. A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from SureCare. Some examples of the policies and procedures included: Safeguarding vulnerable adults, end of life care, equality and diversity, privacy and dignity, the MCA and DoLS, management of medications, health and safety, confidentiality, infection control, duty of candour, discipline and grievance.

We received comments from two community professionals, who told us, "We have had a strong partnership with SureCare for a few years now" and, "We have never had any problems with the service. We are very happy."