

# 7 Day Care Limited

## Sure Care

### Inspection report

4 Shoe Lane  
Westcliff on Sea  
Essex  
SS0 9LL  
Tel: 01702 330065  
Website:

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#### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



#### Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Surecare is a domiciliary care agency supplying care services within a person's own home. Surecare provides care for people of a range of ages and with a variety of different care needs. At the time of our inspection on 6 August 2014 85 people were using the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection there was a manager in post but they were not yet registered with the Care Quality Commission.

# Summary of findings

People told us that they felt safe with staff working for the service and had no concerns about how they were treated. They felt that staff worked in ways that that ensured their health and safety such as using equipment correctly.

People's needs were assessed with their involvement and care was planned and delivered in accordance with their wishes. This showed us that the service sought to work with people and support their needs in ways that they preferred.

Staff had the knowledge and skills that they needed to support people. They received training to enable them to understand people's diverse needs and work in ways that were safe and protected people. Staff received some on-going support but this needed to be made more consistent. Not all staff had regular opportunities for one to one supervision to discuss any practice issues or training needs. Staff had a good awareness of emergency procedures so that they would act properly to support people in the event of an emergency.

When the service took on new staff they ensured that proper checks were carried out to ensure that staff were suitable to work with vulnerable people.

The service had procedures in place to ensure that when people needed help to manage their medicines, this was done safely with proper records kept.

Staff spoken with demonstrated a caring approach to their role and told us that they enjoyed their work. They outlined their working practices which showed us that staff worked in ways that respected people's privacy, dignity and individuality.

People spoken with showed us that people were able to complain or raise any concerns if they needed to. We saw that where people had raised issues that these were taken seriously and dealt with appropriately.

There were systems in place to monitor the quality and safety of the service. The service worked well with the local authority that contracted with them and had regular meetings and quality reviewing processes in place. However, we found that the service needed to improve their practice in working with the Care Quality Commission in order that we were provided with information when needed or requested.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People using the service felt safe with their carers. People felt that there was a good level of consistency of staffing so that they received support from people that they knew.

People's needs were assessed. They received appropriate support from staff to meet their needs, including assistance to manage their medicines.

Staff were recruited safely with proper checks undertaken. Staff received training to ensure that they worked safely and effectively with people using the service.

Good



### Is the service effective?

The service was effective.

People and their relatives were happy with the care and support they received to meet their care needs. People had been involved in saying what their care needs were and how they wished these to be met.

Staff received an induction and ongoing training and had the knowledge and skills to meet people's diverse needs. Improvements were needed to ensure the level of staff supervision was consistent so that staff were properly supported in their role.

Good



### Is the service caring?

The service was caring.

People told us that they liked and got on well with their carers.

Staff were enthusiastic about their role, had a good understanding of people's individual needs and demonstrated a caring approach to their work.

Good



### Is the service responsive?

The service was responsive.

People's care needs were assessed, planned for and monitored. This ensured that people received the care and support that they needed.

People were able to raise any complaints about the service. We saw that issues raised were acted on. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good



### Is the service well-led?

The service was not well led.

Requires Improvement



# Summary of findings

There was no registered manager in post as required. The service needed to improve how they worked with the Regulator, provide us with information in a timely manner when requested and keep us informed of changes to the service.

The service had systems in place to monitor the quality and safety of the service. People's views about the service were sought and their feedback acted on where possible.

# Sure Care

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was completed on 6 August 2014 by an inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service was previously inspected on 18 September 2013. The September 2013 inspection was a follow up inspection to check compliance in three areas that had previously been non-compliant. The service was compliant when we inspected it on 18 September 2013.

There was limited information for us to review before we carried out our inspection. The provider had not returned

their provider's information return within the timescale required. No reason was given for this. The provider information return is information we have asked the provider to send us to explain how they are meeting the requirements of the five key questions: Is the service safe, effective, caring, responsive and well-led?

We reviewed other information that we held about the service such as notifications, which are events that happen in the service that the provider is required to tell us about, and information from other stakeholders such as the local authority. When we inspected the service we discovered that the service had changed their address. They had failed to notify us of this.

As part of our inspection we spoke with eight people using the service and eight relatives. We spoke with six care staff face to face and a further two care staff over the telephone. On the day of our site visit to the agency office we liaised and had discussions with the provider and manager. We also contacted the local authority contracts manager to gain their views about the service.

As part of this inspection we looked at six people's care plans and care records. We looked at the recruitment, induction, training and support records for five members of staff. We looked at other records such as complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

People using the service said that they felt safe with the carers that came to them. Relatives told us that they felt their relatives were safe with their carers. One said, “We feel very, very comfortable with them.”

Most people said that care workers arrived on time within reason. People understood that their arrival might differ slightly depending upon the needs of people receiving a service before them during the day. Most people told us that there had been no missed calls. This showed us that sufficient staff were being employed to meet people’s needs.

Most people spoken with said that they needed assistance to move or transfer between different places such as bed or chair. They told us that they had the correct equipment in place to help them such as walkers and wheelchairs. People told us that their care workers managed these tasks safely and properly. This showed us that staff ensured the safety of people using the service.

Staff training records seen showed that staff had received training in the protection of adults. The service had policies and procedures in place, and information was on display to guide staffs practice and understanding. Staff we spoke with were clear about how to recognise and report any suspicions of abuse. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation. This showed that staff were aware of the systems in place to protect people.

We saw from people’s care records that the initial assessment carried out of their care needs included risk assessments for aspects of their care such as moving and handling, environmental risks and medication. People’s support plans and risk assessments were kept under review. Staff told us that if they had concerns about any aspect of people’s care they could escalate these to management. People’s needs, or the need for further equipment would be reviewed and actioned in a timely manner. One member of staff told us, “There is always a good response if we raise any issues or concerns about someone’s needs.”

Staff we spoke with were able to describe how they would manage and what action they would take in an emergency

situation such as finding someone on the floor or being unable to get a response when arriving to carry out a visit. One person told us, “There are clear emergency procedures in place and we know how to contact emergency services when needed. The manager and senior supervisors are contactable and will always come out to support.”

We looked at the recruitment policy and the staffing records for five members of staff. We saw that there was a suitable recruitment procedure in place to ensure that people received support from staff that had been properly checked prior to starting employment. References had been taken up, employment history checked and checks made with the Disclosure and Barring Service, (DBS.)

People told us that they received care from a consistent group of care workers. One person told us, “I get the same carer near enough all the time which is lovely. You know the person that’s coming in.” We saw from minutes of a meeting with commissioners that the service had been congratulated on their good result in providing consistency for people. This helped to ensure that people received support from people that they knew and who understood their needs. One person using the service told us, “We really do work together.”

Two people using the service told us that there had been previous issues with how medicines had been managed but this had been resolved and staff practice had improved. Others were satisfied that this aspect of their or their relatives care was properly managed. People were aware that staff kept records relating to medication.

Records showed us that many people using the service received some level of support in managing their medication. We saw that appropriate policies and procedures were in place in relation to this to guide staff practice. We saw from older records viewed that there had been issues with effectively managing people’s medicines and keeping robust and accurate records. However, this had been recognised, records improved and new monitoring systems put in place. The more recent medication records we saw were properly completed. There were systems in place to regularly monitor and audit medication management. We saw from computerised records that where issues of missed signatures occurred this was looked into and staff held to account. This showed us that staff sought to manage people’s medicines safely.

# Is the service effective?

## Our findings

People told us that they found the staff caring and knowledgeable. One person told us, “They all know what they are doing.” People felt that they were consulted with about their care needs. One person told us, “They say, ‘I am here to help you, this is my job, just tell me whatever you need and I will do it.’” On a recent survey undertaken by the service 100% of people who responded said that care workers carried out their duties according to their care plan. Relatives told us that in the main care workers were competent, experienced and well trained. Relatives said that care workers understood people’s needs and met them effectively. Relatives said, “There is always one experienced carer with newer carers.” And, “The carer is a very good carer and very efficient.”

Staff that we spoke with were knowledgeable about people’s individual needs and preferences. Staff told us, “I have had the training I need” and, “You get good support. The manager and seniors are supportive.” Records we reviewed and staff confirmed, that they had completed an induction programme at the start of their employment. One person told us, “We went through the policies and procedures and did all the training like moving and handling. We also did ‘shadow shifts’ (where new starters work with experienced staff) to get to know people and the routines.”

Staff benefited from training and development that gave them the knowledge and skills to complete their work safely and effectively. Staff had received training in equality and diversity issues as part of their induction so that they would have an understanding of people’s differing needs. Staff training records viewed showed us that staff had also received training in topics such as dementia care, person centred care, medication, moving and handling, food hygiene and infection control. The provider had a system in place for ensuring that all training that was deemed mandatory was updated on an annual basis. Some staff

had completed additional training in areas such as food and drink and continence. All staff had achieved, or were working towards, a National Vocational Qualification, (NVQ,) in care at level two.

Staff files contained records of spot checks, (unannounced visits to staff members in the work place,) were undertaken to monitor staff’s performance. One member of staff told us, “They come round and check that you are using the right equipment and working in the right way.” From records viewed we saw that staff did have the opportunity for occasional one to one supervision and that there was an annual appraisal system in place. However, the approach to this, or to keeping records, had been erratic. For example, one staff member’s file showed that they had received one supervision in February 2014, an appraisal in October 2013, and two spot checks and a supervision in 2012. One newer member of staff told us, “I have had quite a few spot checks.” Other staff told us that they felt well supported and had occasional supervision. The manager told us that they were working on getting into a regular routine with spot checks, supervisions and appraisals. The post of ‘field supervisor’ was being recruited to support the two senior supervisors in achieving this.

We saw that the initial assessment of people’s needs included assessing if they required any assistance to ensure that they had adequate food and drink. The manager told us that although staff assist with meal preparation there was no one currently whose nutrition was causing concern or requiring any additional support or recording.

The staff we spoke with demonstrated an understanding of people’s individual needs and said that they always reported any concerns they had about people’s health or wellbeing. The manager told us, and gave us examples, of how staff would liaise with other professionals to support people changing needs. This showed us that the provider was alert to people’s changing needs and worked with other agencies to support people.

# Is the service caring?

## Our findings

People told us that they liked their carers and found them caring. They made comments such as, “I couldn’t have had better care,” “A nicer bunch of people you could never meet,” and, “I am very grateful to them, they are very good.” One person said that they had a good rapport with their carers.

Staff we spoke with demonstrated a caring and enthusiastic attitude to their role. They explained and gave examples of how they worked in ways that were sensitive to people’s diverse needs and ensured that their privacy and dignity were maintained. One member of staff told us, “Everyone is different; you have to adapt how you work to meet people’s individual needs.” Another member of staff told us that they, “Loved getting to know people.” A further member of staff told us of a situation that showed how they had managed a sensitive issue to support a person’s diverse needs. This showed us that staff approached their role with sensitivity and compassion.

People’s care records showed that assessments identified any diversity needs such as culture, religion or language that needed to be taken into account when planning their care. We also saw in assessments that people had been asked about their social life, interests and personal history. This would assist staff in getting a fuller picture of the person and their needs.

Staff told us that they encouraged people to be independent as far as possible. On the day of our inspection the service had just received a compliment from a person who was able to stop using the service having been supported to regain their independence with a specific task.

People told us that they had been given information about the service. We saw that a service user’s guide was provided to tell people about what they could and could not expect of the service.



# Is the service responsive?

## Our findings

Not everyone we spoke with could remember contributing to their care assessments and care plans. However, relatives said that they had been involved through discussions and telephone conversations. Everyone spoken with acknowledged that care plans and records were available in their relative's home. One person told us that the family had established their own diary where they recorded their visits so that care workers could see what the person had been doing. This helped to enhance the person's care through ensuring good communication between people involved in their care.

We saw from records that people were involved in the assessment and support planning process, and in on-going reviews relating to their care. Staff told us that the service was responsive to people's changing needs. For example, we saw in one person's file that a care worker had requested a review of a person's care as they were paying for 45 minutes of care when their care needs could be managed in 30 minutes. We saw that there had been a timely response and an appropriate adjustment made. Another example was given, and we saw from the person's records, that assistance had been sought from other professionals to address the person's changing needs.

Some people using the service were unsure of the service's complaints process although one person said that they thought the information might be in their book and another person told us that they would, "Phone the office." This was confirmed in a recent survey undertaken by the

provider where 85% of people said they knew how to make a complaint, 5% said they did not and 10% could not remember. The service had put a strategy in place to address this by discussing the complaints process with people at review meetings. Most people we spoke with however said they knew who to contact if they needed to raise concerns or make a complaint about their care. People said that they would feel comfortable in raising any concerns. People told us that if they had raised a concern it had been dealt with and problems resolved.

The service had a complaints procedure in place. This was made available to people through the service users guide which contained information about how to make a complaint about the service.

We looked at complaints records and saw that there had been a number of complaints about the service made during 2013. These mostly related to the times of visits. However, since the new manager had been in post from December 2013 we saw that the number of complaints had reduced significantly. The manager told us that since taking up their post they had reviewed all visits, restructured visit rotas and, "Taken back control in the office." When we visited the service on 6 August 2014 we saw that there had been four complaints raised so far in 2014. We saw that people's complaints had been properly investigated and responded to. The service had also received six compliments so far this year which reflected the improving picture. One relative told us, "They do seem to have upped their standards."

# Is the service well-led?

## Our findings

When we went to inspect the service we found that, although the service was operating out of the same building, the address and entrance arrangements had changed. The provider had not notified us about this as required by Regulation. The provider told us that they were waiting for legal processes to be completed before making the change official, and would notify us as soon as possible.

People and their relatives told us that they felt the service was well led and managed. Some people felt that the service had improved. People told us, “I’ve never had to fault anything,” “We really do work together,” “I have no complaints,” and, “They have been listening to us.”

The Local Authority contract with the service to provide care for people that they support. A contracts representative from the Local Authority said that they were happy with the agency. They had regular quarterly meetings with the management of the service to monitor standards and effectiveness.

The service did not have a registered manager in post as required. The current manager had been in post since December 2013. They were in the process of obtaining a Disclosure and Barring Service, (DBS,) check in order that they could submit their application for registration to the Care Quality Commission.

We received positive feedback about the manager. Staff told us that the culture of the service was ‘open’ and they felt that they could ‘pop in’ to the office at any time for a chat or support. One member of staff told us that staff were, “Encouraged to report any issues or concerns.”

Before we inspect a service we require that the provider sends us a written report to tell us how they are meeting standards and any plans for improvements. We did not

receive this by the date required and a second date agreed for the return of information was also missed, and further follow up was required before the information was provided.

From records seen and information given it seemed that the service had not been consistently operating well but was now making improvements. The senior team were very enthusiastic and were working well together. Systems had been established such as the two senior supervisors working different shifts with robust handover systems in place. This ensured that senior cover was more consistently available and the better management of information. Lead roles had been established to ensure the better management of medicines and to achieve consistency in areas such as care reviews, staff supervisions and spot checks.

The agency had systems in place to monitor the safety and quality of the service. Medication audits were being undertaken and staff practice monitored. There were systems in place to record any accidents or incidents. People had individual care plan reviews on a regular basis. Care plans had been reviewed and, as a result new, person centred care plans and risk assessments had been developed. These were being gradually put in place. We saw that staff files had been audited to ensure that they contained all the relevant information. Starting from 1 August 2014 the service had started a system of telephone quality audits. We saw from those so far completed that the level of satisfaction with the service was good.

The service undertook quarterly reviews of quality as part of their contractual obligation with the local authority. Part of the regular review is to send out surveys to 25 people using the service. We reviewed the March to June 2014 quarterly review. This again showed a good level of satisfaction with the service. For example, 95% of people reported being ‘very satisfied’ with the service being provided by the agency. This showed us that the quality of the service was being maintained to people’s satisfaction.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.