

Mr Roger Henry Pickford

Sure Care (Bristol)

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 |  |

Overall summary

We undertook an announced inspection of Sure Care (Bristol) on Tuesday 12 May 2015. When the service was last inspected in February 2014 there were no breaches of the legal requirements identified.

Sure Care (Bristol) provides personal care to people living in their own homes within the Bristol, South Gloucester and North Somerset area. At the time of our inspection the service was providing personal care and support to 155 people.

A registered manager was in post at the time of the inspection. 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 2008 and associated Regulations about how the service is run.

People felt safe with staff at the service and had confidence the service would arrive for their care appointment as scheduled. Staff were trained in how to

Summary of findings

identify and respond to suspected abuse. There were policies for safeguarding adults and whistleblowing that gave guidance on the identification and reporting of suspected abuse.

Care appointments were completed as scheduled and there were sufficient staff on duty to meet people's needs. The service had systems to ensure care appointments would still be met in the event of unforeseen circumstances arising such as staff illness. Staff had time to meet people's assessed needs.

People received their medicines when they needed them and medicines records had been completed appropriately. An auditing system to monitor the accuracy of the records staff completed relating to people's medicines was in place.

People felt they received a good standard of care from confident and well trained staff. Staff were provided with regular training and had the opportunity to complete nationally recognised training in health and social care to enhance their knowledge. The provider supported staff through supervision and appraisal.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where people made certain decisions on behalf of those who lacked capacity to do so at the relevant time.

People could see healthcare professionals when required and felt staff would support them if they requested to see one. The service had made the appropriate referrals if a change in a person's needs was identified or there had been a decline in the person's health.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

People were involved in making choices and decisions in relation to their care. The service was highlighted by people and their relatives as being good in relation to the communication they maintained with people and their relatives. People told us they received the care they needed when they needed it.

There was a complaints procedure and people were given the required information they needed on how to complain about the service if they wished to. People told us they would complain should the need arise and would feel comfortable doing so.

Staff felt supported by the registered manager and senior managers at the service. There were systems to obtain the views of staff and there were multiple systems in operation that ensured key messages were communicated to staff.

People and their relatives knew the management structure within the service and felt confident in contacting the service. There were auditing systems to monitor the quality of care provided and the accuracy of records and documentation used by staff.

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 felt safe and we received positive comments about the staff who cared for people.

Staff were trained to identify suspected abuse and told us how they would report safeguarding concerns.

There were sufficient numbers of staff to ensure care appointments were met as scheduled.

People received support with their medicines as required. Accurate records were maintained and audited.

Good



Is the service effective?

The service was effective. Staff were trained and received regular supervision and appraisal.

The provider had an induction and shadowing process for new staff.

People were supported with their nutrition and hydration where required and accurate records were maintained where required.

The service communicated with GPs and other healthcare professionals where required.

Good



Is the service caring?

The service was caring. People said there were good relationships between them and the staff team.

People were treated with dignity and respect by staff and felt their privacy was maintained.

Staff demonstrated a caring approach to people and were knowledgeable about their needs.

People said the care they received was in line with their wishes and preferences.

Good



Is the service responsive?

The service was responsive to people's needs. People received care which met their assessed needs when they needed it.

People's records were personalised and detailed their care needs.

The provider had systems to obtain the views and opinions of people.

The provider had a complaints procedure and people felt able to complain.

Good



Is the service well-led?

The service was well-led. People felt they could contact the service and knew who to contact.

Staff felt supported by the management team.

The provider communicated with staff and staff were asked for their views of the service.

There were quality assurance systems to monitor the quality of the service provided.

Good



Sure Care (Bristol)

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 May 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in February 2014 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience who had experience of domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection and the following day, we spoke with 12 people who either received care from the service or were relatives of people who received care from the service. We also spoke with four members of staff which included the registered manager and care staff.

We looked at seven people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People felt safe and most of the comments we received were positive. People told us they felt confident that staff would turn up for their care appointments and people spoke of positive relationships with staff. One person commented about the staff and said, “They are like my family.” Another person told us, “They [staff] are very good.”

The provider had ensured staff had received appropriate training to identify and respond to suspected abuse. Staff understood safeguarding procedures and explained the process they would undertake to report concerns. Staff recognised the different types of abuse or harm people could experience and said concerns would be reported to senior staff. The provider had appropriate policies for safeguarding and whistleblowing. The registered manager was shortly going to review these to ensure they were aligned to the new regulations. Information we held about the provider showed they previously raised concerns they had about people with the local safeguarding authority and had informed The Commission on the correct notification form.

The provider operated safe recruitment procedures and ensured all pre-employment requirements were completed. Staff files had completed initial application forms together with the staff member’s previous employment history and employment or character references. Photographic proof of the staff member’s identity and address had been obtained. An enhanced Disclosure and Barring Service (DBS) check that ensured the applicant was not barred from working with certain groups such as vulnerable adults had been completed.

An assessment of people’s needs and risks had been completed and identified risks were managed through detailed guidance for staff to follow. For example, completed assessments for people’s risk of falls and skin breakdown had been completed. Where people required specific mobility equipment to keep them safe, guidance for staff on the use of this equipment was recorded. Where people were identified as being at risk of having skin breakdown, guidance showed the areas on the person’s body most at risk, together with the creams they required and the frequency they were applied. There was specific

instruction for staff to contact senior staff immediately if they had concerns about the person’s skin in order for the concern to be raised with the person’s GP or a district nurse.

Risks associated with people’s medical histories were recorded to ensure staff had an understanding of the person’s needs. People’s records showed their medical history and risks together with symptoms associated with these conditions were available for staff. For example, where people had previously suffered with urine infections, the provider had used a nationally recognised medical website to highlight the symptoms a person may present if they were suffering a urine infection and action the staff should take. Other records assisted staff in understanding the medical conditions people lived with daily and the risks it may present, for example high blood pressure or conditions that may affect mobility such as osteoporosis.

Environmental risks had been assessed and risk management guidance produced where required. This assessment highlighted the external and internal areas of a person’s home that staff would visit. It ensured that staff were working in a safe environment and any risks to people or the staff member were identified. For example, the assessment ensured that access to the home was clear and well lit, it highlighted if people had any pets in their property, if they smoked cigarettes or if they had any medical equipment such as oxygen within their property. This demonstrated the provider had ensured that staff were working in safe conditions.

There were sufficient numbers of staff to support people safely. People and their relatives told us that their care appointments were punctual and in line with their needs. Staff we spoke with told us they had sufficient time to provide care to people in line with their assessed needs and said they felt the service had sufficient staff.

Systems were used by the provider to monitor care delivery. We reviewed a summary of completed calls between 26 January 2015 and 22 February 2015. This showed the service had not missed any of the 4936 care appointments and that 98% of these calls had been delivered either on time or within 30 minutes of the specified appointment time. Between 23 February 2015 and 22 March 2015 the service had not missed any of the 5015 care appointments scheduled and that 99% of these calls had been delivered either on time or within 30 minutes of the specified appointment time.

Is the service safe?

Medicines were managed safely. Some people who used the service managed their own medicines and others required the assistance of staff. Where people had elected to be independent with their medicines, a risk assessment had been completed by the service to reflect this. People said they were satisfied with the way they were supported by staff with their medicines and told us they received their medicines when they needed them. The provider had a system to audit medicines records used by staff within people's homes. Where these audits had identified issues, for example with recording errors, these had been addressed with the relevant staff member.

The provider monitored incidents and accidents reported by staff. Incidents or accidents were reported by staff and relevant information was recorded on a designated form. This was then reviewed by the registered manager or senior staff. The incident reports showed that the cause of the incident together with any contributory facts were highlighted, together with any measures that could be put in place to prevent a repetition of the incident. The service were unable to undertake any sort of trend analysis due to a small number of reported incidents. Only 3 incidents or accidents were reported in 2014 and at the time of our inspection one incident had been reported during 2015.

Is the service effective?

Our findings

People felt they received good care from staff and that staff were confident and knowledgeable when providing their care. One person said, “They [staff] know what they are supposed to be doing.” Another person told us, “They [staff] know what to do but if they’re not sure they will ask me.” One person’s relative explained how the service had asked if they could bring new staff to their home to assist in their training and that their relative had really enjoyed this.

Staff were supported to carry out their roles effectively through regular training. The provider had a programme that ensured staff received regular training that ensured training was current and in line with best practice. Staff commented positively on the amount of training provided and told us it had a positive impact on the level of care they gave. Individual records showed that staff received training in key subjects such as moving and handling, infection control, medicines and first aid.

Additional training had been undertaken to meet the needs of people. Staff told us this included catheter care, dementia awareness, equality and diversity and communication. They said this helped them meet the different needs of some people in the service. Staff commented how they were actively encouraged to undertake national qualifications or a diploma in health and social care organised through the provider. Some staff told us they had completed national training and others that had not yet done so told us they were aware this training was available to them.

Staff received regular performance supervision. Staff supervision was completed following a spot check of care delivery by staff within a person’s home. Senior staff would attend a person’s home unannounced to the staff member and monitor the standard of care delivery during a care appointment. Staff told us these supervisions were very helpful and commented that they appreciated the feedback given to them by senior staff. Supervision documentation showed that in addition to a discussion and feedback about care that was provided during the observation, additional matters were discussed. Staff would discuss their overall performance, people’s care needs, if they felt sufficiently supported and an action plan was created for any areas improvement or development identified.

Annual appraisals were given to staff. The registered manager told us that they or the deputy manager completed an appraisal every 12 months with staff. This was confirmed by staff we spoke with. Records showed that the overall quality and productivity of the staff member was discussed. Their availability, reliability and their job knowledge were also discussed. Annual development plans were also created for areas of improvement and training.

An induction process was completed by staff newly employed at the service. The induction ensured new staff received training in key areas such as medicines, first aid, moving and handling and safeguarding adults. The new staff member also completed a period of shadowing an experienced member of care staff prior to themselves being observed by senior staff giving care. Evidence of the staff member’s level of competence was recorded during these observations. The registered manager told us there was no set specified number of observations a new staff member had and they were continually undertaken until the staff member was both competent and confident in their role.

People told us staff asked for their permission prior to providing care. This ensured that care was given in accordance with people’s consent and in line with their wishes. A policy was in place in relation to gaining consent from people which explained the principles of the Mental Capacity Act 2005 for staff and how capacity must be assumed.

Staff understood the Mental Capacity Act 2005 and told us how they involved people in decisions about their care by giving them choices such as meal choices and clothing choice. Staff understood mental capacity assessments and knew when they may be needed. Staff knew who may be involved in any decision making process deemed to be in a person’s best interest if they lacked capacity to make that decision themselves.

The service had ensured legal documentation was correctly in place where required. Within one person’s care record we saw a person had a Lasting Power of Attorney (LPA) appointed by the Office of the Public Guardian. An LPA gives a person powers to make decisions on behalf of a person who lacks capacity. The service had ensured that where people made decisions about the health and welfare on behalf of another person, the correct supporting legal documentation had been obtained.

Is the service effective?

Staff provided assistance to some people in the preparation of their meals and drinks. The registered manager told us a small amount of people using the service were being monitored by staff and other healthcare professionals to support them in having a suitable diet. People told us they were supported by staff with their meals, and care records reflected the level of support people received. We saw records of referrals made to people's GP's where concerns about people's weight had been identified. Any further healthcare advice had been followed, for example where staff had been directed to monitor and record people's food and fluid intake appropriate records had been made.

People could see healthcare professionals such as their GP or the community nursing team. Some people who received care from the service were able to request to see their GP independently or through the assistance of a family member. Where required, the service had involved healthcare professionals to ensure people's needs were met. For example, if a person was unwell, care staff would call the office and report this to a senior and contact with the person's GP would be completed by the office. Identified concerns with people's risk of skin breakdown were reported to the office, and the person's GP or the district nursing team were contacted where appropriate.

Is the service caring?

Our findings

We received good feedback from people and their relatives about the staff at the service and the support the staff gave. People and their relatives also commented that the level of independence and privacy given to them by staff was good. One person's relative was asked how staff ensured the independence of the person receiving care said, "They [staff] are good like that, they leave him to do the things he can do himself." When asked about the nature of the staff, one person told us, "They are the kind of person someone like me would like to have looking after them." One person we spoke with did mention that on a small number of occasions they felt the staff came across as miserable and rude. We passed this information to senior management at the service.

Staff understood people's needs and demonstrated they knew how people preferred to be cared for. Staff we spoke with told us the service aimed, where possible to ensure that the same care staff supported people. Staff said this ensured they were able to know people well, learn their preferences and understand what was important to them in relation to their care. One staff member told us, "We [staff] get to see the same people so it's easy to build a relationship." Other staff members also told us how they had developed good relationships with relatives. They told us this was very useful when providing care to achieve the best outcome for people. One staff member told us how they had worked closely with one person's relative in creating a food menu for the person to ensure they had sufficient to eat.

People were given important information about the service. People were given a 'service user guide' when they commenced a care package. The guide contained information about the service, for example the provider's statement of purpose that explained the aim of the service and how they would achieve their aim. People had the main contact number and the out of hour's emergency number so they could contact the service at any time. People told us they also received other information promptly such as their scheduled care appointment times and information on who would be providing their care. They told us this was received sufficiently in advance of when the appointments were scheduled for.

The provider maintained a log of compliments received from people. The compliments reflected the positive feedback we had received from people over the course of our inspection. The compliments were from people who received care directly from the service and people's relatives. A sample of the comments from the eight compliments the service had received during 2015 included, "[Staff member name] is excellent in everything she does." Another person described the staff member who provided their care and commented, "Excellent carer, very understanding." One person's relative had contacted the service and said, "To all the staff who look after [service user name], you've all done a grand job."

People were involved in their care planning and important matters to ensure their independence was promoted were maintained. People's care records evidenced how people wished to be supported had been discussed with them. People felt the service had listened to them when their personalised care plan was being created and they were happy the care they received was in line with their wishes. Records showed people's personalised choices for food, how they liked their drinks and how they received their personal care.

People's privacy was maintained and guidance for staff on how to promote and respect people's dignity was recorded. People told us that staff respected their privacy and provided care to them in a caring and dignified manner. We saw examples within care records where people had specifically requested that staff ensured they respected their privacy. People had discussed during their care planning the level of privacy they wanted, and how they would like this to be achieved by staff.

People felt respected by the staff. People and their relatives told us that staff communication was respectful and on the whole felt they were respected by staff. People's comments reflected the excellent relationships they had built with staff that supported them. One person said, "I am happy, they [staff] are always polite and friendly." One person who received two staff per visit did make a comment that they felt the staff sometimes spent more time talking to each other and not to them whilst they were in their home. They told us this was not very often but had happened previously. This was highlighted by us to a senior member of staff at the service.

Is the service responsive?

Our findings

People felt the service responded to their needs and they were involved in making choices and decisions about their care. One person's relative commented to us, "They [staff] check things out with her and ask her." Another relative said, "They give him choices about what he likes to eat. They are very good at that sort of thing." One person also told us, "I'm happy with how things work."

The provider had a system to encourage feedback about the service and to ensure people's views and opinions were captured. In addition to spot checks with people and scheduled care reviews, the provider sent out a survey to obtain the views of people. A survey had been sent out to all people using the service in December 2014. A total of 77 people responded to the survey. The survey sought people's views on the punctuality of the staff, if their care needs met, did people feel they were treated with dignity and respect and would they recommend the service to others. Most aspects of the survey contained positive feedback about the service with a high proportion of people saying they would recommend the service to others.

People and their relatives felt they could raise any concerns or complaints to the staff or management within the service. The providers complaints procedure was communicated to people within their service user packs. The complaints procedure detailed how to raise a complaint with the service and what people should expect from the service. For example, the procedure showed the time in which people should expect an acknowledgement of their complaint and how the complaint would be investigated and responded to. The service had not received any formal complaints since December 2014.

The registered manager ensured that additional staff were available to respond to people's needs. A senior member of staff was primarily employed daily in an office and administration based role. This member of staff would be utilised to provide care should an event happen that may present a risk to care appointments not being met. For example, at times situations unexpectedly arose where people required additional assistance from staff during appointments or a staff member's vehicle had broken down. This senior member of staff would then assume responsibility for completing calls that were at risk of not being completed on time.

Staff told us how the registered manager had been responsive to meet the needs of people. We spoke with staff about the travelling time they had and asked if sufficient time was allowed between care appointments. Staff felt there was sufficient time for them to travel, however they gave examples of when they had highlighted the travel time was insufficient and the planning team had responded by increasing the travel time. This ensured people received the care they required at the time they needed it and for the amount of time required to meet their needs.

Staff told us about a 'change of circumstances' form that had been implemented by the registered manager. Staff had highlighted to the service management that following a period of staff sickness or holiday, it was not always easy to establish if people's care needs had altered since the staff member had been off. A new form was created by the management to ensure that significant events or changes, for example a medicines or dietary change, was quickly referenced at the front of people's care plans. This ensured that all staff were responsive to people's changing needs.

Personalised care records demonstrated the care and support people received from the service. People were involved in the planning of their care and told us their care plans were discussed with a member of staff from the service. Records contained detailed information about the level of support people needed during different appointments. For example, a person that had three appointments during the day had their appointments separately detailed within their plan. There was detailed guidance for staff on what level of personal care people needed, how to support them with that care, and any preferences people had with the meals prepared for them by staff. Staff felt the records were presented in a simple and easy to understand format.

Care records communicated additional, personalised information. Within people's records there was a "Pen Picture" that was recorded using information provided by the person, their relatives or representatives. The "Pen Picture" showed information such as the person's life history, who they lived with, where they were born, what school they went to and events they had been through during their lives. This information helped staff understand the person better and meet their needs in a more personalised way.

Is the service responsive?

The registered manager told us that care needs were reviewed at least annually or earlier if required. A review of people's needs would be undertaken following a hospital admission or if there had been a decline in the person's mobility or independence. People and their relatives told

us that reviews had been completed and they had been involved in the reviews. We saw within people's records that people, their relatives or representatives had signed care plans agreeing the content which also demonstrated their involvement.

Is the service well-led?

Our findings

Everybody was aware of how to contact the service and knew who to contact should they need to speak with somebody. People gave examples of when they had contacted the service to speak with the registered manager or senior staff. We asked people if they felt the registered manager or senior staff were approachable and positive responses were received. One person said, "I've found them to be very helpful." People's relatives said, "Yes, definitely. The only company I can give one hundred percent to" and "Whenever I've phoned I received a positive response."

Staff were well supported and felt valued by the management team. Staff spoke openly and positively about their employment and told us they received the support they needed from the registered manager and other senior staff at the service. All told us they could approach the registered manager or senior staff should they wish to discuss any issues, and all felt they were able to call for support, advice or guidance whenever they needed it. Staff felt the service had a strong team ethos and all worked closely together with one member of staff saying, "I love my job." Another staff member we spoke with told us their employment was, "Absolutely fantastic, very supportive. I couldn't ask for a better team."

A staff survey completed in February 2015 reflected the comments we received from staff. All of the staff employed at the service were requested to complete a survey about their employment. The survey asked staff to comment on whether they felt supported, if they felt they received sufficient training or wanted further training. Staff were also asked if they had experienced any issues with the on call system and if they felt the service communicated with them well. Results throughout the survey were positive, and notably all staff responding to the survey commented that they found senior managers in the service were approachable.

The provider had systems together with staff incentive schemes to monitor the quality of care people received from the service. The service had a monitoring system that required staff to log in when they arrived and log out when they left a property following a care appointment. This system provided the management with important information to monitor the quality of care and punctuality of appointments. This information was also submitted to

the local authority. In order to encourage staff to use this system, an incentive scheme was operated where by any staff member who achieved a specified percentage of compliance using the system to log in and out was entered into a draw every month. The prize of a voucher for a local retail outlet was given to the draw winner. The registered manager told us this had increased staff usage of the monitoring system.

The management communicated with staff about the service. The service had periodic meetings for the care staff and the office staff to communicate information about the service. The supporting minutes of the previous care staff meeting showed that matters such as logging in and out of care appointments, the security of people's homes, medicine records and infection control were discussed. Office staff discussed additional matters during their meetings such as improving communication, care co-ordination, job roles and managing care staff sickness were discussed.

Additional information was communicated to staff in a monthly newsletter. The newsletter was sent to ensure that key information was communicated to staff in between scheduled meetings. For example, recent newsletters communicated information such as new staff that had started at the service, the passing away of people who used the service, care packages that had been stopped and also congratulations for staff achievements in the completion of health and social care courses.

Staff were encouraged to participate in national schemes with an aim to ensuring best practice was communicated to staff. The registered manager told us that staff had been encouraged to register as a 'Dementia Friend' and had attended organised meetings. Dementia Friends is a national organisation aimed at increasing awareness and understanding of dementia. The registered manager currently has three staff registered as dementia friends and they have attended organised meetings. Any information obtained from these meetings, for example newly identified best practice, was communicated to other staff by the staff that attended the meetings.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The registered manager attended forums in the local area with other providers. These quarterly meetings

Is the service well-led?

discussed matters such as care provision and inspection experiences. The forums also ensured the registered

manager was aware of current guidance, legislation and best practice. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.