

Seven Day Care (UK) Limited

SureCare (Southend)

Inspection report

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07 March 2018

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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 Inspection took place on 25 January 2018, 8, 9, and 13 February 2018 and 14 March 2018 and it was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults.

At the last inspection, the service was rated requires improvement in effective and well led. This gave them an overall rating of requires improvement. At this inspection, we found the service had made improvements in both effective and well led and now was rated good overall. Care workers had received training, and regular updates had been planned. The quality assurance system had improved and included all of the necessary checks to ensure people received a good quality service.

There was a registered manager in post. 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 received safe care and support. Care workers knew how to support people and protect them from the risk of harm. There were risk assessments in place for people using the service and for care workers. The service operated safe recruitment practices and employed sufficient care workers to meet people's needs. Although there were some issues with the medication system, they have now been put right. People received their medication safely as prescribed. Care workers demonstrated a good knowledge of infection control procedures and had completed infection control training..

People's needs had been assessed and their care plans regularly reviewed and updated. Care workers received regular supervision and senior staff completed spot checks to ensure they carried out their work safely and effectively. Where required, staff supported people with food and drink and with their healthcare. The service worked well in partnership with other professionals to ensure people had the right support.

The service worked in line with other legislation such as the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by kind, caring and respectful care workers. They listened to what people had to say, treated people with dignity and ensured they had the privacy they needed. People and their relatives said they were kept involved and informed. People's independence was encouraged as much as possible while minimising any risks to help keep them safe.

People received responsive personalised care. Their care plans and daily communication sheets were

detailed and informative. There was a clear complaints procedure and complaints had been dealt with appropriately. People had confidence in the registered manager and in how the service was being run. Several people said they would recommend the service to others. The care workers training had improved and they said they felt supported by the registered manager. The quality assurance system was more effective and management and care workers learnt from mistakes and made improvements to the service provided.

Further information is in the detailed findings below.

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 ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

People's needs were assessed, and reviewed and amended to reflect their changing needs. They were cared for by well-trained and supported care workers.

Where required, people were supported to eat and drink enough to maintain a balanced diet and they experienced positive outcomes regarding their healthcare.

The service worked well with others to deliver effective care and support.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service has improved and was well led.

People had confidence in the registered manager and in how the service was run, and told us they would recommend the service to others. Care workers were well trained and supported to provide people with good quality person centred care.

The quality assurance system was more effective and encouraged improvements. The registered manager and care workers learnt from mistakes and put measures in place to prevent re-occurrences.

SureCare (Southend)

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.

This inspection took place on 25 January 2018 and 8, 9, 13, February and 7 March 2018 and was announced at short notice to ensure that the registered manager was available. It was carried out by one 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.

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 improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with 11 people, five relatives, a health and social care professional, the registered manager and 14 members of staff. We reviewed 13 people's care files and five staff recruitment and support records. We also looked at a sample of the service's medication system, quality assurance processes, training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

The systems, processes and practices of the service safeguard people from abuse. People and their relatives told us they felt safe when being cared for by their care workers. One person said, "I believe they [care workers] are all very trustworthy, I've never had an issue with any of them." Another person told us, "I have a bad health condition so it is important that I feel safe with them [care workers], and I do, definitely." A relative told us of a recent incident where their relative had a fall from their chair. They said, "The care workers were very good and looked after us both. I do feel my relative is very safe with them and I have confidence in them." There was information about how to safeguard people displayed in the office. Care workers demonstrated a good understanding of safeguarding policies and procedures and described how to protect people from abuse. Care workers told us, and the records confirmed they had received training. One care worker said, "I would take action and report it as I know how to safeguard people. I would tell the authorities if necessary." Another care worker told us, "I had training when I first started and did an on-line course that explained about safeguarding people. I would report to my manager or the CQC." Safeguarding records showed the service had taken prompt action to protect people from the risk of abuse.

Risks to people's health and safety had been monitored and managed to help support them to stay safe. For example, people told us that they felt that their care workers did all they could to help keep them safe and to manage any risks. There were risk assessments together with management plans on the care files viewed for people's mobility, falls, pressure area care and their health. Care workers had received training in health and safety and moving and handling. The registered manager told us that the induction programme covered a range of safety training that enabled staff to meet people's needs. Care workers demonstrated a good knowledge of people's identified risks, and how to manage them. One care worker said, "The risk assessments are very good. They are very specific to people's individual vulnerabilities."

There were enough care workers to help people to stay safe and to meet their assessed needs. People told us that care workers rarely let them down. One person said, "They're reliable, they don't ever miss me out." Another person told us, "The important thing is that they come and do my pills, and they're very good....they always turn up." One person said their care workers were sometimes later than expected but told us, "They've never just not turned up, I can rely on them." The registered manager told us that they had been short staffed last summer; however, they were continually recruiting care workers. The staffing records showed that there had been enough care workers to meet people's needs throughout the six week period checked. The registered manager continually monitored care worker levels to ensure they continued to meet people's needs. There was a robust recruitment process in place, which ensured suitable care workers supported people. The registered manager had carried out the appropriate checks before care workers started work. They had obtained references, proof of identity and Disclosure and Barring Service (DBS) checks. Care workers confirmed that they were not able to start work until their pre-employment checks had been carried out.

People told us they received their medication correctly and on time. One person said, "They [care workers] only come to do my pills....and they'll ring me if they're delayed, that's not often." Another person told us, "The girls do my medication for me as I sometimes forget." All care workers had received medication training, which was included in their induction. Detailed information about medication was in the 'Care Worker's Handbook' for them to refer to if required. Their competency to administer medication had been reviewed through the service's spot check observations. Appropriate guidance such as British National Formulary (BNF) and National Institute of Clinical Excellence (NICE) guidelines were available for reference should care workers need them. Although there were medication policies and procedures in place for the administration of medication, we found some issues with recording. For example, where the service managed a person's medication, the medication administration record (MAR) did not show the amount ordered or received. However, since the inspection, the registered manager has carried out a full audit of the medication managed by the service. They have provided evidence and reassured us that people receive their medication as prescribed.

People were protected from the risk of infection. They told us their care workers wore protective clothing and always looked clean and smart. One person said, "Care workers always wear their uniform and put on clean gloves and aprons before they help me." Another person told us, "They always dispose of the gloves and aprons before they leave." Care workers had completed infection control training and there were clear policies and procedures in place for the prevention and control of infection. Care workers understood their responsibilities to record all safety incidents and near misses. The registered manager monitored accidents and incidents and analysed the information to share with care workers. The registered manager told us, and the records confirmed that investigations into mistakes were discussed at team meetings and supervisions to ensure that lessons were learnt and improvements were instigated.

Is the service effective?

Our findings

At our last inspection in December 2016, we found that the service required improvement in the training and development of care workers. At this inspection, we found that improvements had been made, and were on going to ensure that care workers had the knowledge and skills they needed to care for people effectively.

Most of the people we spoke with told us they felt staff were well trained and knew their job. One relative said, "We have regular care workers who are very good and know it all. The care worker we have now is very capable." However, one person told us, "New care workers always come with experienced carers first, but when young ones first come without an older one, they can be silly and say things like, "We don't know what to do." They went on to say, "That is no good to me, is it?" Another relative said, "I think the training is varied as some care workers are very capable, but some are not." Care workers told us, and the records confirmed that they had received regular supervision. They said the induction process was good and included medication, moving and handling, infection control and health and safety. One care worker said, "I had a good induction, many years ago now, but I am regularly updated to make sure I keep up with changes." Another care worker told us, "The training is good and I have regular supervision and spot checks." The training records confirmed that care workers had received a range of training that met people's needs. Care workers told us they were encouraged to develop their career and the records showed that 17 of the service's 41 staff had obtained or were working towards a national qualification in care. Care workers spoken with had the knowledge and skills to care for people effectively.

People's physical, mental health and social needs were regularly assessed in line with legislation, evidence based guidance and other expert professional bodies. The service received an initial assessment from the funding authority setting out each person's individual needs. In addition to this, they carried out their own person centred assessment ensuring that people and their relatives were actively involved in the process. People told us, and the records confirmed that they had received a full assessment of their care needs, which had been regularly reviewed and updated. One person praised the service for understanding their specific needs regarding timings. They said, "My care workers visit when I need them to ensure my needs are met."

Where people were supported to eat and drink the service did so appropriately. Care workers heated microwave meals, prepared drinks and sandwiches and ensured people had access to snacks. Where weight loss had been identified the service kept food and fluid charts to provide information to health professionals such as the person's GP. This helped people to obtain the support they needed to ensure they maintained a healthy weight and had a balanced diet.

The service worked well with other organisations to ensure that they delivered effective care and support. For example, office staff would call GP's surgeries and speak with district nurses about people's changing needs or their health issues.

People's family members generally supported them to access hospital and doctors' appointments. However, people and their relatives told us their care workers were good at identifying health issues and

advising them what to do. For example, one relative said, "As the care worker was bathing my relative they noticed a health issue. They didn't panic but advised me to contact the district nurse so that they could check it out." One person said, "I had a lump appear which I had not noticed but my care worker did and said I should see my GP, which I did and it put my mind at rest." Another person told us, "They'll [care workers] pick up on any signs that I'm unwell, or if I'm sore anywhere, and they'll suggest I see the nurse or the doctor if necessary. They are very good really." This showed that the service recognised people's healthcare needs and advised them appropriately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care workers had received training in the MCA and had a good understanding of how to support people who lacked capacity. One care worker said, "We only make decisions for people in their best interests and sometimes people's ability to make decisions changes. I did MCA training so understand why people need support to make decisions."

Is the service caring?

Our findings

At this inspection, we found people were as happy with the service as they had been during our previous inspection, because they felt care workers cared about them. The rating continues to be good.

People told us that their care workers were respectful, kind and caring. All of the comments we received were positive about how kind caring and patient care workers were and how they listened to what people had to say. One person said, "They're all very sweet, caring people, they'll have a chat with me about allsorts...I look forward to them coming to see me." Another person told us they had two care workers, one was a young lad and the other an older fellow. They said, "Both are very nice and we always have a good chat." Other comments included, "Nobody is ever unkind." And, "All the carers are first class." And, "They are very efficient and friendly." Relatives told us that all the care workers treated their loved ones well and with respect. They said that care workers spent time getting to know them and treated them more like friends.

The service encouraged people to be involved in decisions about their care as much as they were able to be, and with family support, where appropriate. People said they continued to be kept involved with their care, and their care workers would report any issues back to the office for them, if necessary. People's independence was encouraged and supported. One person said, "They're all very caring and don't rush you – that makes such a difference when you can't move fast." Another person told us, "I do as much as I can for myself and will clear up my breakfast things if I am able. If not my care workers will do it, they don't mind." Care workers told us that they did all they could to help people to maintain their independence for as long as possible. For example, the re-ablement service ensured that people's care plans encouraged them to carry out every-day tasks. One person said, "I try to be as independent as possible, my care workers visit me three times a week to help me shower. They don't take over, but are on hand if I need them. I don't feel safe without them."

Care workers ensured people had the privacy they needed when providing them with personal care. One person told us, "The care workers always treat me with dignity and respect. They are very nice, kind and friendly. I think it is working well for me." Another person said, "I've had the same care worker for a long time. They'll do anything I ask and are a lovely person. They are all very caring."

Is the service responsive?

Our findings

At this inspection, we found care workers were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People received personalised care that was responsive to their needs. They told us, and the records confirmed they had contributed to the assessment and care planning process. People told us their care workers were very responsive to their needs. One person said, "They [care workers] would know if I was not myself and would ring my relative if they were concerned." Relatives told us they felt the service was responsive and one relative said, "The office were quick to deal with my issue and that has given me confidence in the service." One care worker said, "The care plans are very good, they are very specific about what we have to do to support each person." Another care worker told us, "I think the care plans are clear and easy to understand and they are regularly updated when people's needs change." A health and social care professional told us that the service was doing well and they had no particular issues with it. We saw that people's care plans provided sufficient up-to-date information to enable care workers to provide them with personalised care. They were informative and described how people needed to be cared for and had been regularly reviewed and updated to reflect people's changing needs.

People told us their concerns and complaints were listened to and acted upon. One person said, "In the past I've phoned the office and asked them not to send one particular care worker again. They understood and the care worker never came back. The office staff are very good at passing on messages. They're on the ball." Relatives told us the service was responsive to any issues they raised. One relative said, "Some time ago I complained about a care worker and the service handled it really well. I am confident they deal with concerns quickly." There was a good complaints procedure in place and people, their relatives and care workers all told us they would be comfortable in raising any concerns with the registered manager. The records showed that complaints had been dealt with effectively. The registered manager told us they learnt from complaints, and that this helped them to make continual improvements to the service they provided. They said that complaints were discussed informally and at team meetings to enable them to find ways to improve the service.

Is the service well-led?

Our findings

At our last inspection in December 2016, we found that the quality monitoring systems were not effective and in the process of being developed.

At this inspection, we found that improvements had been made. For example, staff training records had improved and showed that staff had received an induction and sufficient training to enable them to care for people effectively. The service now monitored late calls in real time so were able to contact people and advise them of any delays. The quality assurance system was now effective. The records showed that regular audits and spot checks had been carried out and feedback from people had been sought. This showed that the registered manager was continually evaluating the service they provided.

People and their relatives knew who the registered manager was. One person said, "I think the manager is doing a good job." Another person said, "Whoever employs people gets it right. They have a good manager." A relative told us they had spoken to the registered manager a few times and that they were always helpful and seemed to be running things well. They said, "I would recommend them, I've always been able to talk with them when I've needed to. They always listen and offer support." People had confidence in the registered manager. One health and social care professional said, "The service has settled down considerably since the new manager took over. They are responsive and provide good leadership."

Care workers told us they felt well supported. We met with several care workers during our visit and they were happy and engaged with office staff in regard to their work. One care worker said, "The manager is very supportive and easy to talk to and they always get things done." Another care worker told us, "We have had some changes in managers but this one is really good. They listen to me and help me when I need it and they sort things out quickly." Care workers told us, and the records confirmed that they had regular supervision, spot checks and meetings. They said that they shared the registered manager's vision to provide people with positive outcomes and good quality personalised care.

There were clear whistle blowing, safeguarding and complaints procedures in place and care workers were confident about implementing them.

People's personal records were securely stored in locked cabinets when not in use but were accessible to office staff, when needed. There were policies and procedures in place for dealing with confidential data. Care workers were trained in the Data Protection Act, whistle blowing and confidentiality and knew who they could, and could not share confidential information with. This ensured that people's confidential information was protected in line with data security standards.