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Surecare Exeter & East Devon

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

This inspection was announced and took place on 17 September 2015. The inspection was carried out by one inspector. The last inspection of the service was carried out on 25 and 30 July 2014 when we found one breach of compliance of Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010: Requirements relating to workers. During this inspection we found actions had been taken to address this breach and the service was fully compliant.

Surecare Exeter and East Devon is a domiciliary care agency, part of the Surecare franchise. It provides

personal care and support to people living in their own homes. The agency also provides a range of other services to people including an enabling service, a sitting service, respite care and domestic tasks.

The provider is Mrs Jill Adams, who is also the registered manager in day to day charge of the agency. 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.

Summary of findings

At the time of this inspection there were seven people who received assistance with personal care tasks, although most of these only received assistance with personal care occasionally, for instance during respite care.

There were enough staff employed to meet people's needs safely. Staff turnover was low and people received a consistent service from staff who knew them well and understood their needs. Safe procedures were followed when recruiting new staff. Staff received induction and training on all required health and safety topics and also topics relevant to the health and personal care needs of the people they visited. Staff told us they were happy in their work. Comments included "I have worked for Surecare for several years. I am happy with the way they run the care company. We meet up at regular times through the year for training and coffee and cake. If we need help or advice the manager and office staff are on the other end of the phone and happy to help at any time. We all feel part of the Surecare family."

People were involved in developing and agreeing a plan of their care needs. Care plans provided sufficient information about each person's health, personal care and support needs. Risks had been fully assessed and there was guidance for staff on how to support each person to minimise risks.

People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff confirmed they knew how to recognise and report any signs of possible abuse.

At the time of this inspection no people received assistance with their medicines. Staff had received training on safe administration of medicines and policies and procedures were in place to make sure that, as and when people received assistance with medicines, this would be carried out safely.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. These included spot checks to people while staff were visiting them and also annual questionnaires seeking people's views on the service.

No complaints had been received by the agency in the last year, although we saw evidence of numerous letters of thanks from people and their families. People praised the staff team, for example "A truly lovely person, caring and trustworthy. She never let us down, always on time and always with a smile. Nothing was too much trouble for her." This was confirmed by the relatives we spoke with on the telephone whose comments included, "I am pleased with the service – no concerns. I think if I did have any problems I would speak with them and I would get a result." Another relative said the service was "Very reliable. Always on time. We can't speak highly enough of them."

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.

There were sufficient numbers of suitably experienced staff to meet people's needs.

People's needs were assessed to ensure risks were identified and written plans were completed to ensure staff knew how to manage these risks.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

Staff treated people with dignity and respect and their privacy was respected.

Good



Is the service responsive?

The service was responsive.

People and their families were consulted and involved in drawing up a plan of their care needs. The service responded promptly to changes in people's care needs.

Staff understood each person's individual needs and had the information they needed to meet people's care needs fully. Care plans had been regularly reviewed to ensure they reflected people's current needs.

Staff supported people to keep in touch with family and friends and to go out and be involved in the local community if they wished.

Good



Is the service well-led?

The service was well-led.

There were effective systems in place to make sure people received a reliable and consistent service from staff they knew and trusted.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Good



Surecare Exeter & East Devon

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 17 September 2015 and was announced. This is a small family-run agency and we gave two days' notice of the inspection because we wanted to make sure the provider would be there. The inspection was carried out by one adult social care inspector.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This included previous inspection reports. The last inspection of the service was

carried out on 25 and 30 July 2014 when we found one breach of compliance of Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. After the inspection the provider sent us an action plan showing they had taken prompt action to address the breach.

During our inspection we spoke with the provider and one member of staff who mainly worked in the agency office as a care co-ordinator. We also spoke with a further four members of staff on the telephone.

At the time of this inspection there were seven people who received assistance with personal care tasks. Some of these people only received assistance occasionally, for instance during respite care. Due to their individual circumstances we decided it would not be appropriate to visit them. Instead we spoke on the telephone with five relatives who were closely involved in their care. We also contacted two health and social care professionals by e mail and received responses from them.

We also looked at records relevant to the running of the service. This included staff recruitment, supervision and training records, and quality monitoring records.

Is the service safe?

Our findings

Relatives we spoke with told us people received a reliable and safe service. They told us the staff were always on time and never missed a visit. If the staff were delayed for any reason, for example traffic problems, they always rang to let them know they were on their way. One relative told us “I am pleased with the service – no concerns. I think if I did have any problems I would speak with them and I would get a result.” Another relative said the service was “Very reliable. Always on time. We can’t speak highly enough of them.”

Before the agency began providing a service they visited people to discuss and agree their care needs. During this visit an assessment of risk was completed which included gathering information about any potential risks to the person’s health or safety. These included moving and handling assessments. Where people were at risk of choking information on the risks including foods they could eat safely and those they should avoid was included in their care plans. This meant staff had information on the safe procedures they should follow to minimise any potential risks. A healthcare professional told us “A risk assessment was in place and they stuck to it as advised and alerted us when there were concerns.”

During the initial visit to people an assessment of potential environmental risks to staff was also completed. Records of risk assessments showed checks had been carried out on all areas, including access to the property, the use of key safes, and the safe use of equipment. Safe procedures were followed to ensure staff kept key safe numbers confidential.

During our last inspection of the service we found the procedures for recruiting new staff were not fully safe. During this inspection we looked at the recruitment files for two staff who had been, or were in the process of being recruited in the last year. The records included evidence of at least two satisfactory references and checks that had been carried out with the Disclosure and Barring Service (DBS) to make sure staff were safe to work with vulnerable adults. This showed the agency had addressed the concerns raised at the last inspection and was now following safe recruitment procedures.

There were enough staff employed to ensure people received care in accordance with their agreed needs. Staff turnover was low. The agency was small and this meant people received care from a small team of staff they knew and trusted. The staff were flexible and willing to provide cover when other staff were off sick or on holiday. On the day of our inspection a care worker rang in to say they were unable to work that day due to illness. People they had been due to visit that day had been contacted and alternative cover had been arranged and agreed with them.

The agency had effective systems in place to make sure care was arranged for the days and times people had requested. Where care was requested on an occasional basis, for example for respite care, there were efficient booking systems in place to make sure care visits were planned carefully in advance. Relatives we spoke with told us they always knew the names of the carers who would be visiting and the day and time of the visits. The provider also told us they always contacted staff in advance to agree visits for the following weeks. They also told us that on the rare occasions when carers were running late people always received a phone call to let them know the reason for the delay and let them know when they should expect the care worker to arrive. This meant the risk of people experiencing missed or late visits was minimised.

Staff knew how to recognise and report any signs of potential abuse. New staff were given a handbook which provided a range of information about the job including information about safeguarding and who to contact. Staff told us they had received training on safeguarding adults and knew how to recognise and report any suspicions of abuse. They were confident they could report any concerns in the first instance to the provider and this would be dealt with satisfactorily. They also knew where to find details of external agencies including the local safeguarding team if necessary.

At the time of this inspection no people received assistance with their medicines. Staff had received training on safe administration of medicines and policies and procedures were in place to make sure that, as and when people received assistance with medicines, this would be carried out safely.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff received a range of training on essential health and safety related topics and also on topics relevant to the health needs of the people they provided a care service to. New staff received induction training at the start of their employment which met nationally recognised standards. This gave new staff the basic skills and knowledge to care for people safely.

A plan of staff training needs was drawn up at the start of each year. Training courses were arranged in line with the plan and dates of courses were circulated to staff. We were shown evidence of training topics covered in the last year which included safeguarding adults, Mental Capacity Act 2005, moving and handling, first aid, infection control, and food hygiene. Training was provided in a variety of methods including computer courses, DVDs, distance learning, workbooks and classroom based training. Other topics covered included human rights and end of life care. Staff were also supported to gain relevant qualifications such as National Vocational Qualifications or diplomas. Staff we spoke with confirmed they had received a good range of training. One member of staff told us she had presented training to other staff on a topic she had specific knowledge of. This showed staff had been supported to gain new skills and increase their knowledge and self-confidence.

Staff records included evidence of regular supervision sessions, visits to people to observe their practice, and annual appraisals. The provider told us they aimed to provide supervision three or four times a year. They also held regular staff meetings approximately every month. Staff told us contact with the provider and care co-ordinator was good. They told us there was always someone available on the telephone if they needed advice or support.

Staff understood the importance of giving people choices and seeking their consent before providing care or support. Care plans included evidence that consent was sought from people formally to provide a personal care service. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves' had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The agency adapted to people's changing needs promptly. Relatives told us staff noticed any changes in people's health and acted straight away if they had any concerns and they kept families fully informed. For example, one relative described how staff left them messages or rang them if they had any concerns. Another relative said they had provided written information on all of the person's health needs and this was given to the staff along with the care plan. They described how a member of staff who regularly visited and knew the person well had been concerned about their health during one visit. They had returned a little while later to check on the person and contacted the provider to discuss whether to contact the person's doctor. This reassured the relative that the staff understood the person's health needs, recognised changes in their health and took appropriate action where necessary.

The agency provided extra support visits when needed, for example when people were poorly or when relatives needed extra support. If requested, the agency provided staff to accompany people to medical appointments. A healthcare professional told us "The client and family always spoke highly of (the agency) and their versatility. The workers formed good relationships with the person and family which was complex in terms of age and needs and they were flexible when sleep ins were needed."

Is the service caring?

Our findings

Relatives told us people were supported by kind and caring staff. Comments included “Yes, they are very caring and kind. They are very thoughtful”, “The best company we have dealt with. They are very supportive, understanding and kind,” and “(Staff) are kind, respectful and know what to do. They always offer to do anything else that is needed.”

Staff told us they enjoyed their job and spoke with pride about the high standard of care people received from the agency. A member of staff told us “We go in and do a job properly and we don’t rush.” They also said they were confident all staff treated people with dignity and respect, and said “This is one of their priorities. We are a caring bunch!”

We saw evidence of how staff provided care ‘above and beyond’ their call of duty. For example, a member of staff made a ‘fiddle cushion’ for a person with dementia. The cushion had a number of tassels and attachments the person could ‘fiddle with’ to keep them occupied. Another member of staff had created a ‘memory book’ for a person who moved into a care home with photographs and memories they could look back on.

Care plans included information about how people wanted to be assisted with their personal care needs. . This meant

staff provided assistance according to the person’s preferences and wishes. It also ensured people were treated with dignity and respect. The care plans also instructed staff to encourage people to be as independent as possible, for example “Encourage (the person) to dress herself.”

The provider told us that offering choices and treating people with dignity and respect was covered during the induction of new staff. It was also discussed during staff supervision, staff meetings and other training sessions. Staff were given information and instructions on how to provide personal care in a way that respected people’s privacy, for example by keeping people covered up with a towel or clothing before and after a shower or bath.

At the time of this inspection there were no people receiving end of life care. However, the agency has previously provided care to people at the end of their lives. There were systems in place to ensure that any person needing this level of care in future would receive a safe package of care tailored to their individual needs. Staff had received training on end of life care. The provider told us they had liaised closely with local health professionals in the past and they had provided training and guidance where necessary.

Is the service responsive?

Our findings

Staff understood the individual needs of each person they visited. Each person and their relatives had been involved and consulted in drawing up a plan of their care needs. The plans provided information about their health and personal care needs and the people who were closely involved in their care. One relative told us they had drawn up detailed information that had been used in the care plan to ensure the staff knew exactly how the person wanted to be assisted with each task. They had also provided regular reviews and updates whenever the person's needs changed. This meant the relative was confident the person received care from staff who understood their needs fully and respected their wishes.

Care plans were reviewed regularly and changes made where necessary. A relative told us how the agency had responded quickly to changes in the person's health needs by increasing the number of visits. Staff told us the care plans contained enough information about each person's needs. Comments included "The care plans are very good. You know what you are dealing with."

Relatives told us the agency was able to respond to people's changing needs very quickly. For example, a relative described a recent request for the agency to provide 24 hour care at short notice for a person while the family went on holiday. They said they had known the staff for years and said they provided "Wonderful support." Another relative told us "The agency is flexible and will provide extra help promptly when requested."

The staff maintained good contact with relatives, keeping them fully updated with information about the person's health or support needs. For example, a relative told us that staff understood the needs of a person who had a diagnosis of dementia. They told us staff were often pro-active and made suggestions about changes to the

person's support when they thought the person might benefit from this. Another relative described how staff left them messages to let them know about anything the person needed, or any changes in their health.

Staff were flexible and were able to provide a service that adapted to each person's individual wishes. Where requested, people were supported by staff to go out and participate in activities in the community, for example swimming or shopping. A relative told us staff visited twice a week to take the person out to any place the person wanted to go to. This was often for medical appointments, but was also for shopping trips. They said the person was unable to communicate verbally but the staff knew the person well and understood their communication needs. Staff were able to act as an interpreter and communicate with people such as health professionals on the person's behalf when they went out. This meant the family were able to lead their own lives confident that the person was supported by staff who understood their needs.

The registered manager sought people's feedback and took action to address issues raised. For example, in the past a person said they found it difficult to read the agency bills and asked for them to be printed using large print. The provider said they thought this was an excellent suggestion and has since produced all bills in large print. Questionnaires were sent out to people each year and their responses were collated and analysed.

Each person received a copy of the complaints policy in their care plan file. Relatives told us they were confident they could raise a complaint with the provider and it would be dealt with satisfactorily. Most relatives said they had never had any complaints. Two relatives each described small concerns they had in the past. They said they had spoken with the provider who had fully understood the issues and had dealt with the matters promptly and discretely. They were completely satisfied with the outcome and said they would not hesitate to ring the provider again if they had any concerns.

Is the service well-led?

Our findings

The provider was also the registered manager. They told us their ethos was to keep the agency small with a happy staff team which enabled them to provide a flexible service to meet each person's needs. This was confirmed by relatives and staff we spoke with, who described the agency as a small family-run business. They said one of the qualities of the agency was the small team of consistent and reliable staff who had built close and caring relationships with the people they visited. Comments included "We can't speak highly enough of them" and "We are very, very happy with the service. They are brilliant!"

Staff told us they were able to ring or call in at the office at any time for advice or support. They also received regular supervisions and attended staff meetings every month. Staff told us they enjoyed their jobs and thought the agency was well managed. Comments included, "I love the job" and "It is a good agency. Excellent. It feels like an extended family. People definitely get good care. There are plenty of staff, and staff are always willing to provide cover."

The provider described the various ways they kept staff involved and informed about the service. This included frequent contact by telephone or by visits to the agency office by staff. They also sent out regular newsletters to staff on a wide range of topics including future training dates, information about pay, and news and family events such as weddings, holidays and new pets. The newsletters also included information on topics relevant to people's needs, for example continence. They also kept people and their relatives informed and involved by regular telephone calls, visits, and also by relatives visiting the agency office.

People usually received visits from the same care worker, or from a small team of staff who visited them on the same days each week. Efficient systems were in place to make sure the service was reliable and people did not miss a visit. Large wipe boards in the agency office provided clear information about each care worker and the people they

were expected to visit each day. They also had timetables for staff and a diary system which was checked at least on a weekly basis to make sure care visits were arranged and staff knew who they were expected to visit.

A healthcare professional told us "We have always found Surecare to be good agency to work with (flexible, well run, etc.)."

The agency is a franchise and the provider described the support they received from the company. This included policies and procedures, information and updates on changes in legislation and advice on good practice. They also provided training packages for staff including staff handbooks, induction packs and other relevant business support. The provider also kept their knowledge and skills updated by attending meetings and conferences, including involvement in a local care provider's association.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. The provider carried out spot check visits to people while staff were visiting. Audits and checks were in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Questionnaires had been sent out annually to people who received a service and their relatives. They had received positive responses to the most recent questionnaires. Comments included "A truly lovely person, caring and trustworthy. She never let us down, always on time and always with a smile. Nothing was too much trouble for her." Also, "My husband and I would like to express our gratitude to you for the help we receive from your carers. They have given us the confidence to know that when we go out (the person) is happy and (carers) treat him like a human being."

There had been no accidents or incidents since the last inspection during visits to people. The provider was aware of the requirement to notify the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. No serious incidents or events had occurred since the last inspection of the service.