

Seven Day Care (Essex) Ltd

SureCare Southend

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

SureCare Southend is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 54 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People had experienced missed and late care visits and staff did not always stay for the length of the scheduled call time. People were not always informed about delays.

Staff had been safely recruited and relevant checks were completed, however, we were not satisfied staffing levels and deployment of staff ensured all people's care needs were met in a timely way.

Staff knew how to keep people safe from harm. Risks to people had been identified, assessed and reviewed. However, we found the provider did not have robust processes in place to analyse incidents and share learning with staff in order to minimise the risk of reoccurrence.

We have made a recommendation about staff supervision.

People and their relatives told us they felt able to raise concerns; however, they were not confident they were being listened and responded to. We received mixed feedback around the effectiveness of the leadership of the service.

People told us, not all staff wore Personal Protective Equipment (PPE) when providing care and support.

The providers governance arrangements did not provide assurance the service was well led, and regulatory requirements were not being met.

People's medicines were being managed safely; we saw PRN protocols in place for people who needed their medicines as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement (published April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received from the local authority about missed and late calls, complaints and communication. A decision was made for us to inspect and examine those risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SureCare Southend on our website at www.cqc.org.uk

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to systems and processes and the monitoring of the overall quality of the service, which had not been established to do all that is reasonably practical to assess, monitor and mitigate risk to provide safe care and treatment to people using the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

SureCare Southend

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection, as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 October 2022 and ended on 25 October 2022. We visited the location's office on 12 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We asked the registered manager to provide us with their most recent call, visit data to people. We reviewed all the information we held about the service. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to 1 member of staff who was visiting the office. We reviewed a range of records. This included 7 people's care records, associated risk assessments and Medication Administration Records [MAR] where appropriate. We looked at 3 staff files in relation to recruitment, training, supervisions and spot checks. We looked at a sample of the service's quality assurance systems including safeguarding and complaints management records. The Expert by Experience spoke with 16 people who used the service or their relative about their experience of the care provided.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke to a further 4 members of staff by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available.
- We received mixed feedback from staff regarding what PPE they were required to wear. One staff member told us, "I always wear a mask and gloves and other PPE, I collect it from the office." However, another staff member told us, "We use hand sanitiser, hand wash, we are not wearing masks, a lot of staff do not wear masks."
- People using the service told us, "Yes, they [staff] do wear PPE but not always the mask." Another told us, "One or two staff do not wear a mask but most wear an apron and they all wear gloves."

Staffing and recruitment

- The majority of people we spoke to told us they received their care calls late. Comments included, "They are not exactly on time. Nobody calls to let me know." And, "They are regularly late. Once it was 12pm before they came for my morning call. They [office] don't warn us if they are going to be late."

Systems had not been established to do all that is reasonably practical to assess, monitor and mitigate risk and provide safe care and treatment to people using the service. This placed people at risk of harm. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback from staff in relation to staffing levels, 1 staff member told us, "We are quite short staffed, especially short on drivers." Another staff member told us, "It's a lot better now, we have taken on a few new staff."
- The registered manager was confident once the new electronic care planning and live call monitoring system was up and running fully, the management team will have a more robust oversight of the call visit times. Also improving real time communication with carers.
- The registered manager was open and honest around the challenges with recruitment currently and had recently increased staffing numbers with successful recruitment to care from overseas sponsorships.
- Systems and processes were in place to recruit people safely, and appropriate checks carried out, including Disclosure and Barring checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At the last inspection under the previous provider, systems were not robust enough to demonstrate safeguarding concerns were being effectively managed. This placed people at risk of harm.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff knew how to report any concerns they had and how to safeguard people from the risk of abuse. One staff member said, "I would report it to the manager, if they didn't do anything, I would contact CQC, the local authority or the police."
- People told us they felt safe. One person told us, "Oh yes, I do feel safe with them [staff]." A family member said, "Yes, I think [person] is very safe with them."
- The provider had safeguarding policy and procedures in place, and staff had received training on how to protect people from harm.
- The registered manager had systems and processes in place to report, record and investigate safeguards raised.

Assessing risk, safety monitoring and management

- People's support plans included information about risks to people's health and wellbeing. However they were quite confusing as they contained copies of the same documents which had been updated, this made it difficult to find the correct and most up to date information.
- Risk assessments for people had been completed to guide staff, these included environmental, medication, falls and pressure care. However, for those people who required catheter care we were unable to find risk assessments relating to the individuals risk factors. For example, what would happen if the catheter became blocked, if the individual was at increased risk of infection. The registered manager told us risk assessments would be implemented for people who had a catheter in situ.
- Staff were able to identify risks to people they support and knew where to locate people's support plans and risk assessments in their homes. One staff member told us, "If I have a new client, I read their support plan and risk assessments as soon as I see them, until I get to know them."

Using medicines safely

- Where required people received their prescribed medicines by trained staff.
- The registered manager carried out audits of people's Medication Administration Records (MAR) and carried out spot checks to ensure medicines were being given safely.

Learning lessons when things go wrong

- The registered manager told us no staff meetings had taken place since the beginning of COVID-19. Information is shared with staff via a monthly staff newsletter and via a secure mobile app. The registered manager was unable to provide us with minutes of meetings held or conversations shared with staff around learning lessons when things go wrong.
- The majority of staff we spoke to were unable to provide any examples whereby lessons learned had been shared by the management team. One staff member told us, "We may get the heads up on a call." Another told us, "might be the odd mention of something once or twice, but usually about general goings-on."
- Staff knew how to report accidents and incidents. One staff member told us, "I would check the person over, call 999 if required, make the person as comfortable as possible. Document in their daily notes, complete a body map of any visible injuries, inform their next of kin and wait with them."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We saw examples of supervisions being carried out for staff, although not on a regular basis We received mixed feedback from staff we spoke to. "I have had 2 or 3 and an appraisal, no they are not regular." And, "I have 1 supervision and appraisal together annually, I am listened to although not always agreed with."
- We were not assured staff supervision and support was consistent and in line with the providers policy and procedures.

We recommend the provider review their current practice on carrying out staff supervision in line with their own policy and procedures.

- Staff were up to date with their mandatory training. Some staff had completed additional courses online which were specific to people's needs.
- People and their relatives gave mixed views about staff knowledge and experience. Comments received included, "Yes they are experienced, and they are very friendly" and "Not all, but the vast majority are" and "I wouldn't say they are properly well trained; the older ones know more than the younger ones."
- New staff completed an induction which linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- As part of the induction programme, staff shadowed more experienced members of staff and completed both online and in person training before working independently. One staff member told us, "I have learnt a lot, I shadowed other staff and they showed me everything from how to communicate to assisting people with personal care."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had received training in nutrition and hydration, and where required staff supported people with the preparation of food and drinks.
- We saw where people required a specialised diet their support plan contained information and guidance for staff. For 1 person we saw instructions for staff on how the persons food and fluids needed to be prepared and instructions to ensure person is in an upright position to reduce the risk of aspiration.
- People and their relatives spoke positively about staff for their assistance at mealtimes. One person told us, "They [staff] do prepare my meals for me and do what I want." Another person told us, "I prepare my own meals but they [staff] will make me a sandwich if I ask."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people began using the service, an assessment of their needs and choices was carried out by a member of the management team.
- People's support plans had personalised information which included people's likes and dislikes, guidance for staff on how to support people.
- People's support plans we looked at had been reviewed, however the registered manager told us support plans were audited a minimum of twice a year and were reviewed alphabetically from A to Z. We were not assured this method of auditing was effective in identifying if people's care and support needs were accurate and up to date.
- The registered manager told us when people's support plans are transferred onto the new electronic system, the auditing process will be more efficient. Carers will be able to see updated information regarding changes in people's health, care and support needs in real time.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information about people's health needs was recorded on their support plans, however we found this information was not always accurate. For example, one person's support plan stated they had diabetes, when discussed with the registered manager this was found to be an error. The registered manager told us this would be removed.
- The registered manager gave examples of working with external agencies to ensure people received the care they needed.
- The majority of people we spoke to were supported by their family who dealt with accessing healthcare services for them. One person we spoke to told us, "I tell them when I don't feel well. They have called an ambulance for me."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in relation to MCA. People were supported wherever possible to make their own decisions. One staff member said, "We must assume everyone has capacity." Another said, "Being in control of their own mind, if a person lacked capacity support them to make a decision. For example, offer a choice of two different lunches, look at a person's facial expressions for response." One person told us, "I tell them [staff] what I want."
- People's consent to care and ability to make decisions were recorded within their care plans. We saw where required mental capacity assessments (MCA's) had been carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- We were not assured people and those important to them were supported to express their views and always be involved in making decisions about their care. One person told us, "I have a support plan, but I wasn't involved in writing it and I have not talked to them about it since I started." A relative told us, "I am sure [name] has one but can't recall it being updated."
- The registered manager had feedback surveys in place for people and relatives to complete and share their experiences of the care received. We saw from the last survey undertaken 18 people responded and their comments were mixed, "All my carers are kind, caring, considerate and efficient." And, "Carers never arrive on time." However we saw no evidence the registered manager had acted on the feedback received.
- The registered manager told us, "People's representatives will soon have the opportunity to access their support plans, they can view notes, visit times, look at the care plan and suggest changes if needed."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity. One staff member told us, "I encourage [person] to wash themselves as much as they are able to, offer [person] privacy, keep their door closed and if I am assisting [person] with washing, I will cover [person] up with a towel."
- Feedback from people and relatives was positive when asked if staff supported people to do as much as possible for themselves. One relative told us, "They [staff] always try to help and encourage [person]."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff always treated them well and they felt respected. One person told us, "When I am in the shower, they [staff] give me privacy and leave the door slightly ajar to make sure I'm ok."
- Most people thought the staff were kind, caring and treated them well. Comments included, "Oh yes, I have been very lucky." And, "On the whole, yes they are caring."
- People were generally supported by staff who had got to know them, although one person told us, "I am happy, but I would like a regular carer."
- Staff spoke positively about their roles and the people they care for. One member of staff told us, "I love my job. I work with the same clients sometimes I work extra if I am needed." Another staff member told us, "The clients are the best thing, you get some you get along with really well. You can have a chat and a laugh as well."
- The registered manager told us, "We do not discriminate when we recruit or take on a new care package, regardless of people's gender, cultural beliefs or sexual orientation." We saw staff had undertaken equality and diversity training.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where people had expressed a preference of staff gender, we found their preferences were not always accommodated. One person told us, "I have asked for a woman, not a man, but they have sent a man. I keep telling them to send a woman." Another person told us, "I prefer a woman showering me, sometimes they send a man. When they do, I send him shopping."
- People had support plans in place, which detailed their personal preferences. For example, we saw one person's support plan said, "staff to prompt with medication and spend rest of time talking with [person] as they like to have a chat."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us during the assessment process they would identify a person's preferred method of communication, whether it be in a preferred language, which they would then source an interpreter. The registered manager gave an example of a person who had a hearing impairment, and their preferred method of communication is by letter. Some people who are partially sighted use a minicom system (text-based communications program which talks to external devices such as mobile phones.)
- People told us most staff communicated well with them. Comments we received were, "The regular ones will sit and have a chat," And, "They always have a chat and a laugh." And, "The older ones will have a chat."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which included, "All verbal complaints, no matter how seemingly unimportant, are taken seriously and are immediately acknowledged as concerns." We saw the complaints tracker which recorded complaints and the actions taken, however they did not always follow their own policy in relation to acting upon verbal complaints made by people using the service and their relatives.
- Everyone we spoke to said they would feel comfortable raising a complaint. One person told us, "I have had to call a few times because the carer was late."
- One relative told us, "I have complained about lateness, missed calls. When I have complained they [office] have not got back to me." Another relative told us, "I have rung and complained, I know they [office]

have lied to me. I was told the carer was off sick but found out we were not put on the rota." We could not see where these had been recorded on the complaints log, we were provided with.

End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- The registered manager told us, "all staff receive end of life training, we would prepare a separate end of life support plan and involve the Palliative care team and the Macmillan team for support."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems and process in place to monitor the quality assurance of the service. However, we were not assured the current governance arrangements were robust enough and effective in identifying or acting on with regard to staffing shortfalls and issues with deployment of staff to ensure all people received their calls and at their scheduled times.
- We reviewed call schedules from the 10 September 2022 to 02 October 2022, out of 3478 calls only 54% were delivered on time or within 15 minutes of the scheduled call time. We were unable to determine what action the registered manager took in response to the missed and late calls to mitigate risk of harm or potential harm, and reoccurrence.
- Where we reviewed people's daily notes, the registered managers auditing process had failed to identify people were not receiving their care calls at their scheduled times and where improvement was needed. For example, 1 person's daily notes we viewed from 3 July 2022 to 30 August 2022, identified a majority of their morning care calls were more than 1 hour late and on 1 occasion the morning call had been recorded at lunchtime.
- We saw no evidence of learning, reflective practice or outcome of actions reflected in the service's improvement plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke to told us the registered manager was approachable and had an open-door policy. However, the majority of people we spoke to were not aware of who the registered manager was. People told us, "I saw the registered manager at the start [6 months ago] but have not seen them since." Another person told us, "I have never met them." A relative told us, "I saw the manager a while ago, but not since. I think the people in the office hide."
- People we spoke to including staff felt able to report concerns, however not all were confident concerns would be acted upon.
- The registered manager told us they have increased their annual feedback surveys to every 6 months, as they recognised people felt their feedback was not always sought. This was included in the services improvement action plan.
- Systems in place for seeking and acting on feedback from people to improve the service were not always

robust and consistent. One person told us, "I have received 1 and I made a suggestion about showering, but they [office] don't listen." One person's relative told us, "Yes I have, and I have put comments in, but I never had a reply."

- The culture of the service was not always open and transparent, staff did not have the opportunity to come together for reflective practice and shared learning, and concerns raised by people and their relatives were not always responded to and action taken.

Systems and processes to monitor and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered manager told us the new software has only been in place for a couple of weeks and support plans are still yet to be transferred over. "The monitoring of arrival times will raise alerts in real time when the calls are delivered outside of those scheduled call times, enabling prompt action and improved communication with clients and carers. People's representatives will be able to access to the live system to view the person's daily notes and care call visit times."

- We saw staff had been awarded carer of the month, based on performance and meeting targets, feedback from other members of staff. Staff members were rewarded with a token voucher. Staff were also put forward for carer of the year. One staff member told us, "We get carer of the month for recognition, it is nice to be recognised."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and had notified CQC about all incidents, and safeguarding concerns where required.

- The provider had a duty of candour policy which required staff to act in an open and transparent way when accidents occurred. We saw records demonstrated the registered manager reviewed all incidents and apologies were sent to people where needed.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the local authority, GP's, district nurse, Occupational Therapists, Speech and Language therapists (SALT) and pharmacists. An external professional told us, "The agency is always helpful and accommodating to my requests." And "The agency is usually very responsive to telephone calls or emails."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to mitigate risk to the health and safety of service users and failed to provide care and treatment in a safe way.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Arrangements to monitor the quality of the service for people using the service were not effective and improvements were required.</p>