

Jill Annette Adams

# Surecare Exeter and East Devon

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Surecare Exeter and East Devon is a domiciliary care agency, part of the Surecare franchise. It provides personal care and support to six people living in their own homes. The provider is Miss Jill Adams, who is in day to day charge of the agency.

# Summary of findings

This was an announced inspection, we told the provider two days before that we would be coming. This was because we wanted to arrange to visit some people who received the service to obtain their feedback.

The provider's arrangements for checking whether applicants had a criminal record when they recruited new staff required improvement. Staff records about how staff prompted people with their medicines also needed to be improved because the agency was unclear about staff roles and responsibilities to document the support they gave people with their medicines.

People told us they felt safe being visited by staff from the agency. This was because they had a regular group of staff who visited them each week whom they knew and trusted. We found staff understood and followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions about their care. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

People's health care needs were assessed and most care plans included ways to improve people's health and reduce risks, although one person's care plan needed more detail about some aspects of their care. People's care and treatment supported them to live their lives in the way they chose and helped them to achieve the best possible health. Staff could identify changes in a person's health and recognised when they needed additional support. People were supported to access healthcare professionals, such as GPs, and other healthcare staff, in accordance with their needs.

Staff were appropriately trained and skilled, and we saw evidence that the learning was put into practice. New staff received induction when they started work at the agency and demonstrated they understood their roles and responsibilities.

The service was caring because people spoke positively about the care and support they received from staff and told us their privacy and dignity was respected at all times. People were supported by a regular team of staff who were patient and treated people with compassion and kindness.

Staff developed good relationships with people and spoke about the people they supported as individuals. The provider investigated and responded to people's complaints, and made any required improvements. Although people knew how to contact the agency to raise any concerns, the information they received did not include what action they could take if they were dissatisfied with how the provider had dealt with their complaint. The provider undertook to update the written information provided about complaints to include these details.

The provider had a range of systems in place to monitor the quality of care and sought feedback from people and relatives, which they used to make improvements to the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not safe. Recruitment procedures were not being followed. This was because the provider's arrangements for checking whether applicants had a criminal record when they recruited new staff required improvement. Improvements were also needed in documenting the support people received with their medicines.

People were very positive about the safety of the service they received and felt well supported by staff they knew well and trusted. Staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions about their care. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

**Requires Improvement**



### Is the service effective?

The service was effective. People's health care needs were assessed, most care plans included ways to improve people's health and reduce risks, although for one person, these were documented in less detail. People received care from staff that had a good knowledge of each person and how to meet their individual needs. Staff could identify changes in a person's health and recognised when they needed additional support.

**Good**



### Is the service caring?

The service was caring. People were positive about the staff who worked for the agency and the care and support they received. People were supported by a regular team of staff they knew well and felt comfortable with. They told us staff treated them with dignity and respect, and involved them in decision making. Staff developed good relationships with people and treated them as individuals.

**Good**



### Is the service responsive?

The service was responsive. People received care and support that met their needs and reflected their individual needs. People told us they were very satisfied with the service, knew how to raise any concerns and were satisfied with how these were dealt with.

**Good**



### Is the service well-led?

The service was well led. People told us the service was reliable and the agency never missed visits. The provider had a range of systems in place to monitor the quality of care and used feedback to make improvements to the service. Staff kept up to date with practice and told us they felt well supported.

**Good**



# Surecare Exeter and East Devon

## Detailed findings

### Background to this inspection

We inspected Surecare Exeter and East Devon domiciliary care agency on 25 and 30 July 2014. This was an announced inspection which was carried out by an inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the agency, and questionnaire responses from people and staff. This service was previously inspected on 27 September and 01 October 2013 and we did not identify any concerns with the care provided to people by the agency.

We visited three people in their own homes on 25 July 2014, and asked them for feedback about the service. We spoke with three people's relatives, four staff and observed

a staff member's interaction with one person. We visited the office on 30 July 2014, met with the provider and a member of office staff. We looked at five people's care records, five staff records and at the various office systems used. We also contacted commissioners of the service to obtain their views about the agency.

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

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

# Is the service safe?

## Our findings

People's safety was being compromised in relation to the recruitment of staff. Although the provider interviewed, obtained references and undertook other appropriate checks on all new employees, they did not undertake a Disclosure and Barring Service (DBS) check when they recruited new staff. We looked at five staff records in total, and in four of them, we found the provider had used criminal record checks carried out by the applicant's previous employers, three of which were more than a year old when the staff member was employed. This did not assure them of the fitness of the applicant.

For example, one new member of staff started work at the agency in the last few weeks, had completed their induction and were caring for people independently. We looked at their recruitment records and found the provider had not checked their details with the DBS. This check was to ensure the applicant was not barred from working with vulnerable people.

We asked the provider if they had undertaken a risk assessment about these checks, but they told us they had not. This meant people's safety and security was at risk because the provider had not undertaken their own checks when new staff were employed by the agency. This is a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

People told us they felt safe with the small team of staff who visited them regularly. The agency had policies and procedures about protecting people from abuse and had developed and trained their staff in using them. Staff confirmed they could raise any concerns in confidence. For example, one member of staff had some concerns about suspected financial abuse, which they told the provider about. They said the provider followed this up and was able to reassure them. This showed the provider responded appropriately to any concerns about suspected abuse. Staff received a handbook when they joined the agency, which included how to report concerns about abuse. Details about how to report concerns about abuse to the local authority were displayed in the agency's office. The provider had not reported any concerns about suspected abuse in the previous 12 months.

The provider and staff had a clear understanding of the Mental Capacity Act 2005 and about how to support people to make decisions about their own lives, wherever possible. Training records and our discussions with staff showed the provider had trained their staff to understand the requirements of the Mental Capacity Act 2005. Where people lacked capacity, staff told us which aspects of their care the person could still make decisions about. For example, how one person could choose between two outfits which one they wanted to wear and how if, another person turned their head away when offered food, this indicated they didn't want it.

A local authority employee confirmed the agency contacted them appropriately to discuss any issues and involved them in decision making about a person living with dementia. Two relatives confirmed the provider regularly spoke with them and consulted them about what the person would have wanted in making any decisions about their care. This showed the provider involved relatives and health and social care professionals in any 'best interest' decisions made about the person's care.

The agency supported people to maintain their independence. Prior to commencing a service the provider met with the person and any family members. They identified with the person what they could do for themselves and what they needed staff to support them with. They also identified any risks for that person and how to reduce them. For example, we saw moving and handling risk assessments, which provided information for staff about how to safely assist the person by using mobility aids such as a wheelchair, stand aid or hoist.

The provider also undertook an environmental risk assessment which highlighted any risks in the person's home and how to reduce them as much as possible. For example, one risk assessment instructed staff to make sure the area around the person was kept tidy and clutter free in order to ensure the person could move around safely and avoid the risks of slips, trips and falls. Environmental risks assessments also included safety details about utilities, for example how to turn off the gas, water and electricity and who to contact in an emergency.

Staff told us they always received information about people before they visited them. This included speaking with the provider and other staff about the person, as well as looking at the person's care records and their risk assessments.

## Is the service safe?

People and relatives told us the agency was reliable and never missed visits. Rotas for each week were communicated by phone, which people confirmed they were happy with. People told us staff usually arrived on time and stayed for the period agreed and where any delays occurred, staff stayed longer to make up the time. One staff member said, “We are not expected to rush between people, which enables us to give a full and caring service”. The provider explained the agency was small and was committed to providing a small number of people with good quality care. They explained the agency would never take on new people unless they were confident they could support that person’s needs.

Staff worked flexibly and were usually able to cover any absences but, as a last resort, the provider told us they would provide the care themselves, which one person confirmed they had done recently. People told us, where staff were off sick or were delayed, the agency usually contacted them to let them know. However, two people and three staff told us communication of messages between staff and the office could be improved further. This was because sometimes, messages weren’t passed on about delays or rota changes. We told the provider about

this feedback so the agency could identify further improvements in this area. The agency also provided an, out of hours telephone service, so that people and staff could contact them for advice and support.

Staff did not administer medicines to people they supported but prompted two people to administer their own medicines. Staff visited one person at least twice a day and more often some days, and reminded them to take their medicines. Although staff told us they documented this in their daily care records, we found gaps in their records about this. For example, on the day we visited, the person’s lunchtime tablet for the previous day was still in the packaging. When we asked the person about this, they could not recall why they had not taken it. There was no entry about this in their daily records about this and we found similar gaps about medicines on other days.

The agency’s policy and procedures were unclear about how staff should document when they prompted people with their medicines. We discussed this with the provider who told us they would discuss the issues we raised with the Surecare franchise and with staff at the next team meeting to ensure staff documented any support or prompts with medicines in a consistent way.

# Is the service effective?

## Our findings

People's health care needs were assessed and any health risks identified, such as about people's mobility, nutrition and hydration, and skin care. Most care plans included ways to improve people's health and reduce risks, although for one person we visited, these were documented in less detail. In some areas, the person's care plan said 'Follow the relative's instructions', which meant staff were reliant on the person's relative, for more detailed information. Staff demonstrated they knew how to support this person and were familiar with their risks and how to manage them. For example, about the importance of regular changes of position, their pressure relieving equipment and how to care for the person's skin. However, more detailed information about the person's care and treatment needs would enable staff to support this person more effectively, in the event their relative was not available. We discussed this with the provider who undertook to work with the person's relative to update the person's records to provide more detailed information. Since the inspection, the provider has advised us they were unable to make the agreed changes as they no longer provided a service for this person.

Staff had a good knowledge of each person and how to meet their needs. One person said, "Staff do the job properly". People were supported to maintain good health and have access to health care services to receive ongoing care support. Care records were updated at least annually and as people's care needs changed so that any changes in people's health or health needs were documented in their care records. Two health and social care professionals we contacted gave us positive feedback about the service provided for people by the agency. One said, "Their care is very effective, everyone is very happy with the relationship they have with the person and how they have worked with them". Another professional told us the agency was reliable and flexible and contacted them appropriately when there were concerns, and worked with the local authority to resolve any issues as they arose.

People were supported by staff who had opportunities to update their knowledge and skills. There was a training programme in place to make sure training essential for this service was kept up to date. This included a range of training opportunities such as educational DVD's, E – learning taught courses provided by accredited training

companies. Several staff had completed a qualification in care and one staff member told us how the provider had supported and encouraged them to complete their diploma in Health and Social care. Staff records showed staff had undertaken a variety of other training relevant to the needs of people they supported. For example, dementia awareness training, end of life training and learning about multiple sclerosis. The provider and staff told us practice issues were discussed at monthly team meetings and records we looked at confirmed this. For example, the provider had recently discussed the Mental Capacity Act 2005 with staff. This showed the service was committed to on going update training for staff to make sure they were kept up to date about practice.

Some people were supported by agency staff to have enough to eat and drink. A relative told us staff assisted their mother to eat and drink and another relative told us how staff helped a person to cut up their food. Care records included any relevant information about each person's nutritional needs. For example, one person had choking risks and required their food to be pureed and their fluids thickened and another person needed a low sugar, low fat diet because of their diabetes. Staff knew about people's dietary preferences and restrictions such as how one person couldn't tolerate fizzy drinks and another person had restricted fluids due to their medical condition. Staff told us how they reminded one person to drink plenty, especially during the hot weather, to prevent the person becoming dehydrated.

Records of induction showed new staff had been appropriately trained for the role. All new staff undertook an induction programme, in accordance with the Skills for Care guidance to ensure they had the knowledge and skills they needed. Staff told us, when they first started working at the agency, they worked with other staff to get to know people and about their needs before they worked independently with people.

People were supported by staff who had regular meetings with the provider to discuss their work and any issues that arose. This included group and one to one meetings, and 'spot checks' in people's homes, where the provider observed staff practice. Minutes of monthly meetings also showed staff had the opportunities to discuss the care of people they supported and to share ideas. A relative told us about some concerns they had reported about one staff

## Is the service effective?

member's record keeping. We followed this up and saw the improvements required had been addressed with the staff member. This showed any concerns about practice were dealt with in a positive and constructive way.

Most staff had an annual appraisal during which the provider reviewed their performance and identified any further training needs. All staff confirmed they felt well supported by the provider and could ring them for advice and support at any time.

# Is the service caring?

## Our findings

People were supported by staff who were kind and caring and staff demonstrated positive regard for people and relatives. People and relatives spoke positively about the staff and the care and support received. One person said, “They go at your pace” another said, “They do the job properly”. One relative said, “Staff are friendly and they care, they are so conscientious”, another said, “They are so caring and kind towards mum, and so patient with her”. A social worker said, “Everyone seems very happy”, another said, “They are very caring and appreciate the person’s needs”.

People who used the service told us they were supported by a regular team of staff they knew well and felt very comfortable with. They told us staff provided all the support they needed when they visited them. The provider told us the agency only took on care packages, where staff visited people for an hour as a minimum. They said this was because they wanted people to feel well supported and to ensure they were not rushed.

The agency agreed in advance with each person how they wished staff to access their home. This included whether they wanted staff to knock at their door, or were allowed them to let themselves in such as by using a key safe. This showed people’s privacy was respected.

In the office, staff responded to calls and requests from people in a polite and positive manner. We observed a member of staff interacting positively with the person they were visiting. They chatted to the person in a relaxed easy manner, and checked they had everything they needed before they left and reminded them which staff member was visiting them at lunchtime. One member of staff commented, “Surecare grew my passion for this work”. When staff told us about individuals they supported they spoke about them in a positive manner. They knew what people could do for themselves and what they needed

support with. Also, about their interests and their life history. The provider told us how one member of staff had recently made a sensory cushion for a person with dementia. This showed staff developed caring relationships with the people they supported.

People that needed help with personal care told us staff respected their privacy and treated them with dignity and respect. For example, one person, described how staff helped them to remain independent. They said, “They don’t take over, they just offer a bit of guidance occasionally”. A member of staff told us how they protected a person’s privacy and dignity when supporting them with personal care, by covering the person with a towel and only exposing the part they were washing to protect their modesty. Another member of staff told us how the person used the shower head independently and just let them know, whenever they need help. This showed staff understood how to respect people’s privacy and dignity.

People were supported to express their views and were involved in making decisions about their care. One relative explained how staff had prevented their mother from becoming socially isolated by accompanying her when she went out. They said, “Mum is pleased to see them, they help her socialise, we are so lucky to have them”. The relative went on to explain how their mother’s speech was poor but staff understood her, and could assist her to communicate because they had got to know her well.

Staff supported people to express their views and wishes. Where people lacked capacity to make a particular decision staff told us about choices those people could make for themselves, such as choosing between two outfit choices what they would like to wear. In one care record, the agency had documented the person’s advance decision to refuse any lifesaving treatment or resuscitation, in the event of an unexpected collapse, so their wishes were known.

# Is the service responsive?

## Our findings

People received care and support that was responsive to their needs. Staff had a good knowledge of the people who used the service. One staff member said, “People know what they want, and office staff alter care plans and adjust them as often as needed”.

People and relatives told us, before the agency first started providing the service, the provider visited them and talked with them and their family (if they wanted) about their support needs. This included individual information about the person, their preferences, what aspects of care they could manage independently, what they needed support with and how they liked things done. For example, how one person preferred to put their right hand into their shirt first when getting dressed. Records showed each person signed their care records to confirm they agreed its content was accurate.

One relative told us how grateful they were to the agency because they had recently provided a ten day package of care for their relative, when they were unexpectedly discharged from hospital and needed a lot of support. This showed the agency was flexible and responded to the person's increased health needs.

The provider worked with other professionals to make sure people received the support they required to meet their changing needs. They told us how they referred people to other health and social care professionals, where they identified the person needed support. For example, related to any equipment or mobility needs so the person could remain as independent as possible in their home. This demonstrated people were supported to maintain their health, access other professionals and received on going care and support, as needed.

All staff undertook first aid training, which meant they had been trained in the emergency measures to take whilst awaiting more expert help. Care records included details about actions for staff to take in the event of an emergency. For example, one person's care record instructed staff to ring for an ambulance if they saw any bleeding from the person's arm that was used for their treatment. Staff told us if they had any concerns about a person's health, they would ring the office for advice, call the person's doctor or contact the ambulance service. The provider kept a log of all calls made to the agency by people and staff, which

showed advice was given in response to any day to day concerns raised by people and staff and any actions taken. For example, by calling the GP for one person because the staff member was concerned about the person's swollen feet.

One person and a member of staff told us about a recent emergency in the person's home where the staff member took appropriate action when there was a gas leak. This showed the agency responded calmly and swiftly in an emergency.

People and relatives told us they were very satisfied with the service, knew how to contact the office to raise any concerns and were satisfied with how these were dealt with. However, the agency's written complaint information did not include actions a person could take, if they were not satisfied with how the agency dealt with their complaint. For example, how to refer their complaint to the local authority or the local government ombudsman. We checked the Surecare complaints policy, which set out written details about how concerns and complaints should be dealt with, included the investigation and timescales for producing a written response. However, the policy did not include details about other organisations the person could contact if they were not satisfied with how their complaint was dealt with by the agency. We fed this back to the provider, who told us they would update their local agency complaint information to include these details and would contact Surecare to request them to update their complaints policy.

Two relatives told us they contacted the agency each week to discuss their relatives care, and to give feedback. We looked at the compliments and complaints file and saw the agency received lots of compliments and thank you cards. One verbal complaint had been received in last 12 months. This related to a concern about a member of staff, which a relative had told us about, and which had been addressed with them through individual supervision. This showed any concerns raised were responded to positively and addressed.

The provider discussed any concerns raised at monthly staff meetings, which we confirmed by looking at staff meeting minutes. For example, we saw dress code had been discussed at one meeting in response to feedback

## Is the service responsive?

from one person. This showed the service listened and responded to people's experiences, concerns and complaints in order to improve the quality of care and made any changes or improvements needed.

# Is the service well-led?

## Our findings

The agency was well led because the provider was in day to day charge and gave a clear sense of direction to staff about the care and support given to each person. Care records we looked at showed assessments were very individual to each person, and included a lot of detail about them, their life and their preferences. Staff told us the provider was very supportive and they could ring them at any time for advice. Staff told us they liked working for the agency because it was small, friendly and they could spend time with each person they supported.

People told us the provider was friendly and approachable and always returned their calls. The provider told us they had set up their own agency to provide a high quality home care service for people. They told us they thought making sure staff were happy and well supported was vital to ensuring the agency provided a good service to people. Also, they said they would never ask a staff member to do anything they weren't prepared to do themselves. They explained they would provide the care themselves, rather than let people down, which they had done on several occasions.

The provider monitored the quality of care provided in a variety of ways and said they tried to keep their systems simple. For example, through day to day contact with people and staff, and through spot checks on staff, via supervision and appraisals. The provider sought feedback from people who used the service on an ongoing basis. This included through visits to review care and update care records, via monitoring the daily log of calls to the agency and through a telephone survey. The Surecare telephone survey they had been introduced this year to replace the postal questionnaires used previously to try and improve response rates. We looked at the feedback received on the four telephone surveys completed so far and saw each person had rated the service as excellent overall. The provider told us, so far, they had made some changes to how the mileage information was presented in invoices in response to the feedback received from one person, who found it confusing. This demonstrated the provider made changes and improvements in response to feedback received.

Any accidents, incident or concerns were reported to the provider and in the daily log book, including out of hours

and log book records demonstrated actions were taken in response. For example, a member of staff rang the provider to report that a family argument was upsetting the person they were supporting and the provider visited the person's home to provide support.

Staff told us monthly meetings held included opportunities to discuss the care of people, share ideas and address any concerns. The provider also wrote a monthly newsletter for staff which provided information about training and development and about practice. For example, one newsletter we looked at included information about the 'Dementia friends' scheme which staff had signed up to and also provided an update for staff about recent press coverage about zero hours contracts. The newsletter also included local news about the farm, where the agency was based, and about staff news such as recent weddings. This showed the agency used a variety of ways to support staff and communicate with them.

When we visited the office, we found effective systems in place for rota planning, covering shifts, and monitoring staff training. Display boards in the office included health and safety information and contact details for the local authority.

The provider also told us how they kept themselves up to date on changes in care and practice. The provider was a member of the Devon Learning Exchange Network, a group for providers of social care services to exchange ideas and receive professional updates and was also a member of the Devon Independent Care Providers. They told us about meetings they attended with other providers of Surecare branches and about regular information they received via update bulletins. For example, they told us about the recent bulletin about the regulatory changes in the Care Quality Commission.

The provider told us how they communicated any update information they received about practice to staff via their monthly staff meetings and the agency newsletter. The Surecare franchise provided the agency's policies and procedures and staff handbook. They also undertook annual quality monitoring visits to the branch and provided advice and support by telephone. No concerns were identified at the most recent visit in May 2014. These examples demonstrated the provider had a range of ways through which they maintained the quality of care and kept themselves and staff up to date with practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers.</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with recruitment of new staff. This was because the provider's arrangements for checking whether applicants had a criminal record when they recruited new staff needed improvement. Regulation 21 (b).</p>