

Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing - Liverpool

Inspection report

Yorkshire House
18 Chapel Street
Liverpool
Merseyside
L3 9AG

Tel: 01512361110

Website: www.cordantcare.com

Date of inspection visit:

19 December 2017

20 December 2017

Date of publication:

26 January 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 and 19 December, 2017 and was announced.

Sugarman Health and Wellbeing Ltd is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. It provides a service to young and older adults. At the time of the inspection the registered provider was providing support to three people.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a number of different systems in place to assess and monitor the quality of the care being provided. This meant that people were receiving safe, compassionate and effective care. Such systems included monthly 'spot checks', monthly care plan and medication audits as well as annual quality questionnaires.

Care files we reviewed during the inspection contained individual care plans and risk assessments. Records were well maintained, were regularly reviewed and updated in order to minimise risk and to ensure the correct level of support was being provided.

Care plans were person-centred and provided detailed information in relation to a person's wishes, choices and preferences.

Relatives and healthcare professionals we spoke with told us that good quality care was being provided and they felt the staff genuinely cared for the people they were there to support.

Medication management systems were being safely and effectively managed. People's care plans included detailed information about how medication needed to be supported, at what time of day people needed medication support, where medication was stored and who was ordering and disposing of medications.

The recruitment processes were reviewed during the inspection. We found that the area of 'recruitment' was safely and effectively managed. This meant that all staff who were working for the registered provider had sufficient reference and disclosure and barring system checks (DBS) in place. DBS checks ensure that staff who are employed to care and support people are suitable to work within a health and social care setting. This enables the registered manager to assess level of suitability for working with vulnerable adults.

People were protected from avoidable harm and risk of abuse as there were robust safeguarding procedures in place. Staff were familiar with the area of safeguarding and knew how to report any concerns. Staff had completed the necessary safeguarding training which was in place.

Staff expressed how they were fully supported in their roles; all necessary training had been completed and they felt that they were able to fulfil their roles effectively. Staff received regular supervisions, annual appraisals and regular team meetings were taking place.

There was a system in place to monitor and assess all accidents and incidents. The registered manager explained that there was very little activity in relation to accident/incidents but staff were aware of the reporting procedures. There was also a reporting policy in place which staff were familiar with.

The day-to-day support needs of people who were being supported was well managed by the registered provider. The appropriate referrals were taking place when needed and relevant guidance and advice which was provided by professionals was being followed accordingly.

People and relatives were provided with a 'service user' guide as well as the registered provider's complaints procedure from the outset. People/Relatives knew how to make a complaint and the registered provider had a sufficient complaints policy in place.

The registered manager was aware of their responsibilities and appreciated that the CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

We reviewed the range of different policies and procedures which were in place. Policies we reviewed included safeguarding adults, equality and diversity, confidentiality, whistleblowing, serious incidents, infection prevention and control and medication administration policies. Policies and procedures were all up-to-date and were available to all staff as and when they needed to access them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Care plans and risk assessment were well-maintained and regularly reviewed.

Accidents and incidents were recorded and analysed in order to establish if lessons could be learnt.

Sufficient recruitment practices were in place which ensured staff had received the appropriate checks prior to working at the service.

Is the service effective?

Good ●

The service was effective.

Principles of the Mental Capacity Act, 2005 were being followed accordingly.

Staff were supported in their role by supervision and appraisals.

Staff were supporting people with specialist dietary needs.

Is the service caring?

Good ●

The staff were providing kind, compassionate and caring support.

People were treated with dignity and respect.

Confidential and sensitive information was securely managed.

Is the service responsive?

Good ●

The service was responsive.

Care records contained person centred information.

People's care was individually tailored to their support needs.

There was a formal complaints process in place.

Is the service well-led?

The service was well-led.

Suitable audits and checks were in place and were identifying areas of improvement.

There were systems in place to gather feedback in relation to the care being provided.

Staff had a good understanding of whistleblowing and safeguarding processes.

Good 

Sugarman Health and Wellbeing - Liverpool

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 18 and 19 December 2017 and was announced. The provider was given 48 hours' notice prior to the inspection visits. Prior notice was provided because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector and 'an expert by experience' who supported with phone calls to relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Sugarman Health and Wellbeing Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was not received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. As we did not receive a PIR and we took this into account when we made the judgements in this report. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, three members of staff, one relative and two healthcare professionals.

We also spent time reviewing specific records and documents, including three care records of people who were receiving support, four staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

Is the service safe?

Our findings

Relatives and healthcare professionals we spoke with told us they felt the care which was being provided was safe. Comments received included "I do not have any concerns, they are interacting with [person] well, taking [person] out regularly, supporting [person] well. What reassures me is that they (carers) ask me for advice when they need to" and "The care is exceptional, it is very very good."

Care plans and risk assessments were in place for each of the three people the registered provider was supporting. All care plans were individually tailored and contained detailed and significant information in relation to the different levels of support which was being provided.

Care plans which were in place included personal care, mobility, communication, dietary needs and medication. Care records also contained a detailed schedule of the support which was required over the course of each week and what level of support was needed during different times throughout the day.

During the inspection we reviewed the different risk assessments which were in place for each of the three people who were being supported. There was medication, environmental, manual handling and behavioural risk assessments in place. Each risk assessment also included 'control measures' which provided staff with information about reducing the level of risk in order to keep the person safe.

Care plans and risk assessments were reviewed on a monthly basis and any changes to people's support needs were communicated with staff and records were updated accordingly. This meant that any risks were being safely managed and the safety of people who were being supported was not being compromised.

Medication management processes were reviewed during the inspection. We found the systems which were in place to support people with medication administration were safely managed and the overall governance of medication was safely monitored. Medication administration records (MAR) were appropriately completed, medication was signed by staff and there was an up to date medication policy in place. People who were being supported with their medication had a suitable medication care plans and risk assessment in place and staff were familiar with the different levels of support needs in relation to different health conditions which needed to be supported.

During the inspection we reviewed four staff personnel files. Staff files are reviewed to ensure there are robust recruitment systems in place. We review processes to ensure that the staff who are recruited are suitable to work with vulnerable people. The registered manager retained records in relation to each staff member. Records included the interview process for each person; suitable references were on file prior to an individual commencing work, employment history, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

The registered manager had sufficient accident and incident recording processes in place. We found that

there was a serious incident reporting procedure in place, accidents and incidents were discussed during team meetings, accidents/incidents were recorded as part of daily records and trends were monitored accordingly. The processes which were in place enabled the registered manager to safely manage any trends and ensured that risks were being safely managed.

During this inspection we reviewed the range of different health and safety audits which were in place in order to ensure people who were being supported with specialist equipment were safe. Equipment checks were compliant with Lifting Operations and Lifting Equipment Regulations, 1998 (LOLER). Records confirmed that equipment was being assessed and annual review dates had been scheduled.

We saw evidence of individual environmental risk assessments for each person who was being supported. This risk assessment identified potential hazards which needed to be managed such as electrical equipment, furniture, pets and pathways. This meant that staff were familiar with the different levels of risk which needed to be risk assessed and managed in the person's home.

We asked about individual personal emergency evacuation plans (PEEPs) in the event of an emergency evacuation, however these had not been devised. PEEP information ensures there are safe measures in place to enable staff to respond to emergency plans in the event of an emergency evacuation. Following on from the inspection, the registered manager provided us with PEEP information which had been developed for all three people who were being supported.

The registered provider employed a sufficient number of staff to support the needs of the people in a safe and effective way. Relatives and healthcare professionals we spoke with during the inspection expressed that staffing levels were sufficient and they were deployed effectively. This meant that people were receiving a safe level of support in relation to their support needs.

Infection prevention control procedures were reviewed during this inspection. It is essential that there are robust systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure that environments are safe, hygienic and cleanliness is well maintained. Infection prevention control measures were discussed during team meetings, there was an infection control policy in place and audits were carried out to ensure that cleaning rota's were being completed and environments were well maintained.

During the inspection we spoke with staff about their knowledge and understanding of safeguarding and whistleblowing procedures. Staff were able to explain their understanding of 'safeguarding' and how they would raise and concerns. When staff were asked to explain their understanding of 'whistleblowing' they explained that this was in relation to raising concerns with regards to inappropriate practice. There was an up to date adult safeguarding policy in place and staff had received the necessary training in relation to the protection of vulnerable adults.

Is the service effective?

Our findings

Relatives and healthcare professionals we spoke with during the inspection said the care being provided was effective. Comments we received included "They (provider) very much work with me, the care co-ordinator is very supportive" and "They [provider] go way above and beyond" and "They [staff] are well trained and equipped."

During the inspection we reviewed whether or not the registered provider was complying with the Mental Capacity Act (2005). The Mental Capacity Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. There was evidence which demonstrated that consent had been sought from person receiving care. This meant that the provider was complying with the principles of the MCA and ensuring that people were involved with decisions which were being made in relation to their support needs.

The registered provider also ensured that 'Best Interest' meetings had been carried out and people were not being unlawfully restricted. This demonstrated that the provider was aware of their roles in relation to the MCA and the legislation underpinning the act.

Supervisions and appraisals were taking place and all staff expressed that they felt supported in their roles. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Training which staff had completed included safeguarding, fluid and nutrition, equality and diversity, dementia awareness, fire awareness, record keeping and emergency first aid. Comments we received in relation to training and development included "There's lots of training, we receive mandatory training but then also specialist training to help us do our job...we're all fully supported" and "Training is always provided, we receive refreshers and all the support we need."

Effective communication systems were in place and staff, relatives and healthcare professionals expressed that the level of communication was 'really good'. Staff ensured that daily record for each person were comprehensively completed and any concerns or incidents were communicated with managers. This meant that all staff were familiar with the day-to-day activities but were also being informed of any significant changes to people's circumstances and/or areas of risk which needed to be communicated.

People who were being supported by the registered provider were also supported by external health professionals. The registered manager informed us that they had developed positive relationships with social workers, local GP's, district nurses and mental health professionals. This meant the people were receiving a holistic level of safe care and support which could help with their overall quality of life.

The packages of care varied from person to person and it was evident from the care records we reviewed

that varying levels of care and support was being effectively provided. We were able to identify people who needed to be prompted with a large variety of daily tasks such as cooking, cleaning, washing and shopping as well as people who needed to be supported with specialist healthcare needs, specialist diets, individual personal care and behavioural support.

People had a choice of what they wanted to eat and staff were aware of people's dietary needs. Care files included people's likes and dislikes and preferences of food.

Is the service caring?

Our findings

We received positive comments from everyone we spoke with during the inspection. Comments included "The staff are very caring", "You can't fault them [staff]", "We work as a team" and "The staff were very helpful...The staff make sure [person] has consistent care."

People received care and support from regular care staff. This meant people were receiving consistent care and support as well as receiving care from care staff who were familiar with their support needs. It was also evident throughout the inspection that the registered provider was committed to providing a person-centred approach to care. One person we spoke with expressed "The staff are very person-centred and [staff member] is very much person-centred."

Care plans which were reviewed provided staff with information in relation to the person's level of independence and what the person needed support with. Staff expressed that they were very familiar with the different care needs of the people being supported and were always kept up-to-date with any changes in support needs.

We found a great amount of person-centred detail in each of the care files we reviewed. This level of detail provided staff with significant information about the people they were caring and providing support to. This meant that staff could provide the expected level of care and people were appropriately and safely supported.

When appropriate and able to do so, family members had been involved in the assessment and care planning process from the outset. Reviews were regularly taking place and the level of detail found in care records was up-to-date, relevant and consistent throughout. This meant that the care and support being provided was always consistent with the level of support required.

People's privacy, dignity and rights were protected at all times. The registered manager conducted 'spot checks' which ensured the quality and standards of care were being routinely assessed. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

We reviewed how staff were able to support people who had behaviour that challenged as well as communication difficulties. It was evident throughout care records that staff were able to communicate with people using non-verbal techniques. For example, we saw evidence in files which indicated that staff used signs and symbols to help support people who had difficulties communicating. This meant that staff were able to support people with varying levels of support needs which promoted equality and diversity.

During the inspection we found that confidential information was stored securely and sensitive information was being protected. All care records, personnel information, risk assessments and other protected information was being safely stored at the registered address. The registered address is the address which has been registered with the CQC to deliver the regulated activity. This meant that all sensitive and protected information was not being shared with other people unnecessarily.

Is the service responsive?

Our findings

During the inspection we were able to review all care plans and risk assessments which had been devised for the three people who were being supported. Records were designed to be person centred and provided staff with a good level of information in relation to the person they were supporting. One person expressed "The staff team work really well together, they [staff] are all familiar with the care needs" and "There is lots of person centred care, care plans are very detailed."

People who were being supported had individual care plans and risk assessments in place. The content of the care plans were consistent, person-centred and contained up-to-date and relevant information. There was evidence of person-centred detail being found throughout care records which helped to support staff in their approach to delivering a person-centred approach to care.

Care records enabled staff to establish a good amount of information about the person they were supporting as well as understanding how the care needed to be provided. For example, care files contained a document called 'Information about you'. This contained information about each person such as 'I have a good sense of humour', 'I enjoy going to the cinema', 'I can eat independently' and 'I enjoy listening to music'. This level of information provided staff with essential information in conjunction with care plans and risk assessments which had been created.

A significant amount of detail was captured about each person who was being supported and it was clear to see that staff were able to be responsive to the level of care which needed to be provided. Staff were familiar and knowledgeable with the support needs of the people they were caring for and able to provide responsive, person centred care.

During the inspection we found that that care records were being suitably updated, reviewed and tailored to the individual. For example, one person's care plan outlined a specific health condition which needed to be routinely monitored. The relevant risk assessments had been implemented, staff were aware of the triggers and symptoms and records were maintained and comprehensive. This meant that staff were able to safely manage specific support needs as well as the risks which needed to be mitigated.

We reviewed the daily care records for the three people who were being supported. These provided an extensive overview of the care provided at each visit. In addition, the records demonstrated that support was provided in line with the person's personal needs, wishes and preferences.

We saw evidence throughout care records which demonstrated how people were supported to remain as independent as possible. For example, in one care record we reviewed it stated "I can eat independently" and "I would like you to offer me two choices of meals." This meant that staff were encouraged to help people remain independent as possible as well as treating them with dignity and respect.

The registered provider had a formal complaints policy in place. The procedure for making a complaint was clear and people we spoke with were familiar with the complaints process. People and relatives were

provided with details of the complaints policy from the outset and were informed how they should escalate any complaints and how these should be responded to. There had been no formal complaints in the past 12 months and at the time of the inspection there were no complaints being investigated. One comment we received included "I provide feedback as and when it is necessary, I ring them [provider] I am confident they will sort it out."

Is the service well-led?

Our findings

There was a registered manager at the time of the inspection. The registered manager had been registered with the Care Quality Commission (CQC) since December 2017. The previous registered manager had informed the CQC that they were voluntarily de-registering from their registered status. No recent statutory notifications had been submitted to the CQC but the manager was aware of their responsibilities to submit notifications in accordance with regulatory requirements.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. Following the receipt of this inspection report, the registered provider is legally required to display their rating accordingly.

People we spoke with were complimentary about the registered manager, some of the comments we received included "We're all really supported here", "The manager is really approachable" and "The manager is very easy to talk to, very approachable." Healthcare professionals also commented "The manager is incredibly helpful, there's good and effective levels of communication, staff are well supported and any concerns are dealt with immediately."

Staff had direct access to the registered manager and expressed that they were thoroughly supported in their roles. We found the management to be familiar with people who were being supported, they demonstrated good knowledge about the people in their care and the different levels of specialist needs.

We asked the registered manager how they monitored and reviewed the quality and standard of care being provided. Systems were in place to monitor and assess that safe, compassionate and effective care was being delivered. Regular 'Spot checks' were being conducted which reviewed care files, daily records and medication administration records. The registered manager provided us with evidence of some of the checks that had been carried out as well as 'actions' which had been identified for staff to follow up on. This meant that there was a consistent approach to monitoring the delivery of care being provided as well as ensuring that areas of improvement were being highlighted and addressed.

We reviewed the range of different policies and procedures which were in place at the time of the inspection. Staff were familiar with different policies we discussed with them such as safeguarding, whistleblowing, medication administration and dealing with emergency situations and incident reporting. Staff had access to up-to-date information and guidance procedures were based on best practice and in line with current legislation.

During the inspection we found evidence of staff meetings which had taken place. Team meeting discussions included care plans, risk assessment, accident and incidents, staff rotas, infection prevention and control, communication and medication administration. Staff expressed that they found team meetings to be useful as it was an effective method to share information not only about the people who were being

supported but other areas of the service.

Communication and recording systems which were in place appeared to be effective. It was evident from the inspection that the staff team were routinely documenting the day-to-day activities which were taking place as well as any changes to health care needs and risks which needed to be managed. We were informed that the staff team worked well together and were all aware and familiar of the needs of the people being supported.