

Seven Day Care (UK) Limited

SureCare Southend

Inspection report

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Date of inspection visit:
12 March 2021

Date of publication:
19 April 2021

Ratings

Overall rating for this service

Requires Improvement 

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?	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 79 people were using the service.

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

The registered manager had not always notified the relevant authorities of safeguarding concerns. This included notifying CQC in line with regulatory requirements.

Recruitment procedures were safe. Staff had been recruited following relevant checks being completed. Although there were enough staff to meet people's care and support needs, some people raised concerns about the timings of care call visits and not knowing which staff would be coming.

Risk assessments were in place to manage the potential risks within people's lives. People received their prescribed medicine by trained staff. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

Staff received an induction when they first started work at the service. They were trained and competent to fulfil their role and responsibilities. Staff received supervision and appraisals to monitor their performance.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

Except for one person, people and their relatives spoke positively about the kind, caring attitude of staff. People were treated with dignity and respect and their independence promoted.

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.

We received negative feedback about how the service was well led. Some people and their relatives told us communication was poor; this mainly related to care call visits.

There were systems in place to monitor the safety and quality of the service provided, however further improvements were required to drive improvements.

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

Rating at last inspection

The last rating for the service at the provider's previous premises was good (report published on 18 April

2018).

Why we inspected

The inspection was prompted in part due to concerns received about how the service was managing safeguard concerns. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

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 have identified one breach in relation to safeguarding people from the risk of harm and abuse.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, one assistant inspector and one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 05 March 2021 and ended on 12 March 2021. We visited the office location on 12 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and 12 relatives by telephone about their experience of the care provided. We spoke with six members of care staff, care manager and the registered manager. We reviewed feedback received from the local authority.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment, training and supervision and the systems in place for quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had not always been reported to relevant agencies in a timely manner.
- Prior to our inspection we received information containing serious allegations. We raised a safeguard alert with the local authority. The provider had been made aware of the allegations prior to CQC receiving this information and had not raised an alert.
- The local authority informed us 16 safeguard alerts had been raised since May 2020.
- On all but one occasion, when safeguarding incidents had occurred relevant notifications had not been submitted to CQC as required. The provider submitted retrospective notifications following our inspection.
- The provider kept a log for recording safeguarding concerns however this had not been kept updated. We could not be assured the provider's systems to address concerns was being managed effectively.

Systems were not robust enough to demonstrate safeguarding concerns were being effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in safeguarding and understood their responsibilities to raise concerns. One member of staff said, "I have had the training. I would report directly to the office any cases of abuse. I would follow it up with the office to ensure it had been sorted."

Staffing and recruitment

- Although management and staff told us there were enough staff to meet people's care and support needs, some people had experienced late care call visits.
- People and their relatives did not always know which staff would be arriving to provide their care and expressed a wish to have a more consistent team. One person said, "They don't have set times. It would be lovely if they did. I can have completely different [staff] coming in. I would like to know who is coming. Once they came at [time]. They were late. 45 minutes later they came back to put me to bed and I wasn't very happy about it as I had only just had my tea."
- Feedback from relatives included, "We don't know who is coming. Sometimes we get a regular carer. It is when they are off it all goes wrong. Occasionally by 11:30 or midday I have to phone them up. It is supposed to be a 'get up' call not a 'lunchtime' call. When they don't come it causes everybody difficulty. It means [name] is sat in their soiled pad for too long which can cause problems." And, "[Name] has had a spate when staff haven't turned up. Now it's better but the weekends can still be a bit erratic. I have asked them if they can let me know if they're going to be late but it doesn't always happen. I deserve the courtesy of a call."

- We discussed our findings with the registered manager. They assured us they closely monitor every care call visit as part of their monthly monitoring and take any necessary action. They said some people were given rotas and others could have rotas if requested. They told us they would follow this up.
- The provider's electronic care call monitoring system had the facility to alert management if people's calls were missed. The registered manager had introduced the system last year following complaints and safeguards regarding missed and late calls. Some people who had experienced missed calls told us they had noted improvements in recent months.
- Safe recruitment processes were in place to ensure people were protected against the employment of unsuitable staff. This included checks with the Disclosure and Barring Service (DBS). The DBS allows employers to check the criminal history of anyone applying for jobs in a care setting.

Using medicines safely

- Where required people received their prescribed medicines by trained staff.
- The provider carried out regular audits and spot checks to ensure medicines were being given safely.
- Some relatives stated when their family member had experienced late care call visits this had caused anxiety. One relative said, "They are supposed to come at regular times to give [name] their medication. The first tablet is the most important. If they are late they break the cycle of medication. It affects [name's] health and they start getting anxious." Another said, "[Name] does their own meds and frets when [staff] are late as they have to be taken at a certain time with food."

Assessing risk, safety monitoring and management

- Risks to people's safety such as the risk of falls had been identified by the provider from the information shared with them by the funding authority and their own assessment of people's needs.
- Staff told us they had access to people's care plans and associated risk assessments. This enabled them to monitor and manage any identified risks. One member of staff told us, "All the information is in the client's home. There is sufficient information to tell me everything I need to know."
- The service had a business continuity plan in place and had a RAG rated system in place to enable staff to support the most vulnerable people in the event of an emergency.

Preventing and controlling infection

- People were protected from the spread of infection.
- Staff had been trained in infection control and had access to personal protective equipment (PPE).
- During the pandemic staff had received additional COVID-19 training to enable them to keep themselves and others safe.

Learning lessons when things go wrong

- The registered manager informed us any lessons learned would be shared with all staff. In the absence of staff meetings during COVID-19, this would be via monthly staff newsletters and encrypted messaging.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were fully assessed prior to them using the service to ensure their care and support needs could be met.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction when they started work at the service.
- Staff told us they had received all necessary training to enable them to fulfil their role.
- E-learning training was undertaken by staff in key health and social care subjects; they received face to face training in the safe management of medicines and moving and handling.
- Staff received supervision and appraisals of their performance.
- Staff told us they could approach management at any time for guidance and support.

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

- Where required people were supported with the preparation of food and drinks.
- Staff had been trained in nutrition and hydration.
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

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

- Staff worked in partnership with other healthcare professionals such as the Speech and Language Team (SALT) and district nursing team to help achieve good outcomes for people.
- The care manager told us care call visits were flexible to enable people to attend healthcare appointments.
- Where required staff supported people to attend healthcare appointments, for example helping people to attend their Covid-19 vaccination appointments.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

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.

- At the time of our inspection, no one using the service had been legally deprived of their liberty through the Court of Protection.
- People's consent to care and ability to make decisions was recorded within their care plans.
- Signed consent was obtained from people or their representatives.
- The registered manager and care manager demonstrated a good understanding of the principles of the MCA.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us staff were kind and respectful. One person said, "They are kind and supportive and quite respectful." Another said, "They are all kind. They have a joke and laugh with me."
- Relatives also spoke positively about the caring attitude of staff. Feedback included, "The staff come in and show compassion and dignity and give the best care they can." However, one relative said, "Some of them sit on their phones. Some are quite friendly but others less so. They don't interact with [name]."
- Care plans recorded what people were able to do for themselves. This enabled staff to support people to maintain their independence.

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

- People and their relatives were encouraged to be involved in making decisions about their care. One person said, "Everything is done how I like it."
- People had copies of their care plans in their homes. These could be accessed by them at any time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans contained information on their care and support needs and preferences.
- Care plans covered areas such as communication needs, medical information, mobility and personal care.
- People's preferred routines and how they like things to be done was documented.
- Care plans were reviewed at least annually or sooner if people's care and support needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing and recording them.
- The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- Formal complaints were recorded and investigated.
 - Not everyone we spoke with were aware of who to speak to and how to raise a concern if they needed to.
- The registered manager told us information on how to raise a concern or complaint was contained in people's folders within their homes.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The registered manager and care manager told us the service would work with other health care professionals to ensure people had a dignified death.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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; 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

- Systems to monitor the safety of the service did not identify where a safeguarding concern had not been raised with the local safeguarding team and notified to CQC, in line with the provider's legal responsibilities.
- The provider's system for recording concerns was not up to date and information given to CQC regarding the number of safeguards for the service was inaccurate. This meant effective systems were not in place to monitor risks to people's safety.
- Feedback from the local authority, who had been working closely with the service over a period of months, raised concerns with us about oversight and governance of the service. This included how management identified concerns, and how these were being addressed in a timely manner to keep people safe.
- The registered manager was aware of their responsibilities in relation to the duty of candour. They told us they would be open and honest in informing people or their relatives in explaining when things had gone wrong.

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

- People and their relatives were encouraged to give feedback on the quality of the service. The registered manager shared with us the results of the last satisfaction survey, completed in December 2020. An analysis of the 47 responses had been completed and feedback was sent out to people using the service.
- However, people we spoke with told us they had not been asked for feedback on the service and, except for one relative, consistently told us communication was not effective. This was particularly pertinent to the timings of care call visits. The registered manager told us communication logs and punctuality were looked at on a monthly basis for all people using the service and rotas were provided to people upon request.
- No formal staff meetings had taken place during COVID-19. The registered manager and care manager kept in touch with staff on a weekly basis when they visited the office. Monthly newsletters were sent out to staff and important information was passed to them securely; for example, a change in an individual's care needs.
- Staff told us they felt they were able to contribute towards the day to day running of the service. One member of staff said, "I have no issues with providing feedback to the service. Every time I go into the office they always ask me if I am ok or if I have any concerns." The care manager told us, "We really do have an

open-door policy. We ask for staff views as they are the eyes on the floor."

- Management had introduced a 'carer of the month' award to recognise staff's performance. There was a 'goody cupboard' in the office for staff who had gone the extra mile such as picking up an extra shift. The care manager said, "We want to create a strong sense of teamwork."

Continuous learning and improving care; Working in partnership with others

- The registered manager was receptive to our suggestions during our inspection and showed commitment to improving the service to enable greater oversight and governance, ensuring people received safe care and treatment.
- Staff worked in partnership with other professionals to meet the needs of people. For example, the GPs, occupational therapists and district nurses to ensure people received effective care and support.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have robust systems in place to protect people from the risk of abuse.</p>