

SureCare Rugby and North Warwickshire Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 5 October 2017. The inspection was announced. The provider was given two days' notice of our inspection. This was to ensure the registered manager and staff were available when we visited the agency's office.

This was the first time the service had been inspected. SureCare Rugby is a small domiciliary care agency which provides personal care for people in their own homes. Most people received support from staff several times each day. On the day of our inspection visit the agency was providing support to five people.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place at the time of our inspection visit, who was also the provider. We refer to the registered manager as the manager in the body of this report.

Staff understood their responsibilities to protect people from the risk of abuse, and other risks that related to their care and support. The manager checked staff's suitability for their role before they started working at the service. The manager made sure there were enough staff to support people safely.

Staff offered people choice and respected their decisions. People were complimentary about the staff who supported them, describing them as kind and caring.

Care was delivered based on the individual needs of each person. People and their relatives were included in planning how they were cared for and supported, and people were supported by a consistent staff team who had the skills to meet their needs. People were referred to healthcare services when their health needs changed.

Staff knew people well and respected their privacy and dignity. People told us they knew how to make a complaint if they needed to. The manager had procedures in place to respond to complaints in a timely way.

The manager/provider checked the quality of the service and acted to continuously improve it; people, their relatives and staff were encouraged to share their opinions about the quality of the service and these were listened to.

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.

People felt safe with staff and staff had been recruited safely. Risk assessments were up to date in people's care records, so people were supported safely and consistently by staff. Medicines were administered to people safely. There were enough staff to ensure people received their calls at the time they expected.

Is the service effective?

Good 

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with people who were closest to them. People were supported to see healthcare professionals when needed.

Is the service caring?

Good 

The service was caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with respect and kindness.

Is the service responsive?

Good 

The service was responsive.

People were supported in a way that took into account their preferences and wishes. People were able to raise complaints and provide feedback about the service. Staff had the information they needed to respond to changes in people's care needs.

Is the service well-led?

Good 

The service was well-led.

Auditing procedures highlighted where the service needed to

make improvements. We found risk assessments and care plans were consistent and up to date. The provider and care manager worked together to make improvements, where issues had been identified. Staff told us they received support from managers when needed.

SureCare Rugby & North Warwickshire

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 was 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.

We inspected the service on 5 October 2017 as an announced inspection. We gave the provider two days' notice of our inspection visit so we could be sure the manager and other members of the management team were available to speak with us. This inspection was undertaken by one inspector.

Before our inspection visit, we asked the provider to send us a Provider's Information Return (PIR). The document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract services, and monitor the care and support the service provides, when they are paid for by the local authority.

We received feedback from four people's relatives about their views of the service. In addition, we received feedback from two local professionals who had regular contact with people who used the service.

During the inspection we spoke with the registered manager and the care manager. We received feedback from three care staff about what it was like to work for the service.

We looked at a range of records about people's care including three people's care files in detail, including their daily records and medicines records. This was to assess whether the care people received met their identified needs.

We reviewed records of the checks the manager/provider made to assure themselves people received a quality service. We looked at staff files to check staff were receiving supervision and appraisals to continue their professional development.

Is the service safe?

Our findings

People told us they received care from staff they knew well and trusted. A relative told us, "[Name] is safe, they [staff] are very good."

The provider had procedures to protect people against the risk of abuse and safeguarded people from harm. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and that they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. There had been no safeguarding concerns at the service.

Staff told us and records confirmed, suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

There was a system to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed which related to their health conditions and the care they received. The risk assessments were detailed and up to date. For example, one person suffered with epilepsy and had frequent seizures. The risk assessment and risk management plans detailed what type of seizures the person had, when these could occur, and how staff should act to mitigate the risks of a seizure. Risk management plans also explained how long staff should wait before intervening, or calling emergency services.

One staff member explained how they followed the risk assessments for someone who had mobility issues, saying, "A plan is in place at all times for each person. For example, if we are to move a person from their wheelchair and transfer them using a hoist, we need to make sure that all equipment is safe and that all the correct procedure is in place (checking this against the plan)."

There were also assessments of any environmental risks within people's home which ensured people and the staff providing their care were kept safe.

People told us there were enough staff to meet their needs and that they never missed their calls. One relative commented, "Most of the time staff are on time and do all of the tasks required." Staff told us they had enough time to travel to each call, as their rotas allowed travelling time. One staff member said, "I have only two clients and they are very local to me so travel time isn't an issue. If I was delayed then I would notify my manager and they would contact the client and any other carer that might be in attendance."

We found there were enough staff to care for people safely. Before people began using the service, the manager conducted a detailed assessment of the care each person required, before confirming whether they had enough staff to provide their care package. As part of this assessment a time slot for each visit was agreed with the person, according to when staff were available to support them. The agreed times were contained in the person's care records and in their home.

Staff administered medicines to people safely. Staff had medicines training which included checks on the

competency of staff, including how and when to administer medicines. Where people required medicines to be given on an 'as required' basis, there were instructions for staff on when to give the medicine. The manager told us they or senior staff undertook regular checks on staff and records, to ensure medicines were managed safely.

Is the service effective?

Our findings

We found staff had the skills, experience and support to enable them to meet people's needs effectively. One relative told us, "The staff are definitely on top of things."

Staff told us when they started work at the agency they received an induction that was tailored to meet the needs of the people they would be supporting. The induction included basic training in how to deliver care to people safely. Staff were awarded the 'Care Certificate' when they completed their induction to recognise their skill level. The Care Certificate is a recognised level of training care staff can achieve, and is supported by Skills for Care, a nationally recognised organisation that sets standards for care staff. One member of staff told us, "The on-going training I receive is very good and relevant to my practice. I feel it has helped me to develop my skills and I feel supported within my role."

Staff told us in addition to completing the induction programme; they had a probationary period and were regularly assessed to check they had the right skills. The manager maintained a record of staff training, so they could identify when staff needed to refresh their training. One member of staff said, "If I feel there is a gap in my training or skills then I notify my manager and it will be addressed." Staff told us they were also encouraged to take nationally recognised vocational qualifications in health and social care.

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. 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.

Staff understood adults should consent to their own care and treatment, unless it was established they lacked the capacity to do so. Staff told us they assumed everyone had capacity to make their own decisions unless it had been assessed they could not. The manager conducted mental capacity assessments, which recorded when people could not make all of their own decisions. Where decisions were made in people's 'best interests', records were in place to show who had been involved in the decision making process.

Where people were supported to eat and drink, and to prepare food, staff had the appropriate skills and training to provide this support to people.

The service supported people to see health care professionals such as the GP, dentist, and nutritional specialists when a need was identified. Records showed staff referred people to see health professionals when their health changed. One relative told us, "Staff respond to changes in health and support needs, and make referrals and changes where needed."

Is the service caring?

Our findings

People and their relatives said staff treated them with kindness and compassion. Comments from people included; "They are very caring, thoughtful and kind."

Staff members told us they enjoyed their role and the interaction with the people they supported. One staff member commented, "I have two clients of differing requirements, it is rewarding ensuring they are happy and safe."

The provider told us people were always introduced to staff before they started to care for them, and people confirmed this. Staff supported the same people regularly so they got to know them well.

One member of staff explained how they supported people. They made sure people were encouraged to do what they could themselves, and only supported people with tasks they could not manage. People we spoke with confirmed staff had this approach. One staff member said, "We need to ensure people are as independent as they like to be. Encourage them as much as you can."

Staff understood how to provide care to people whilst retaining dignity and privacy. One relative told us, "Staff are very careful to respect privacy and dignity." A staff member added, "We don't discuss any client details with other clients, family and friends. We ensure people are aware of what we are doing and they are in agreement and comfortable. If carrying out any duties that require exposure of their bodies then we try to keep this to a minimum, have a towel to cover people and ensure blinds or curtains are shut."

Is the service responsive?

Our findings

People we spoke with told us staff responded to their requests for support quickly.

Records showed people's likes and dislikes and how they wanted to receive their care, because people and their relatives were involved in planning their care. Records included life histories, people's hobbies and interests and were tailored to meet the needs of each person according to their support requirements, skills and wishes. One relative told us, "The care provided is very focused on the individual client and everything is done to ensure that it is safe."

One staff member told us, "I feel that people do get person centred care as all the care they receive is planned with the person taking the lead in what's important to them and what they require from a service in a safe manner."

One local professional told us, "SureCare liaise with other professionals and agencies to ensure support matches people's needs, including working with other services to deliver flexible care packages." They added, "Parents have informed me that they have found Surecare to be responsive and professional, arriving on time and behaving with courtesy and understanding."

A staff member told us how care records were kept up to date saying, "Care and support packages and records are regularly reviewed and are changed when circumstances change. Reviews are done by visiting the person or by phone." The manager told us care records were checked regularly to ensure any changes to people's health were documented and reflected in the records.

Staff told us they had had an opportunity to read care records at the start of each visit to a person's home. The care records included daily notes from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home. Staff explained the information kept them up to date with any changes to people's health.

People told us, if it was part of their care package, staff could take them out in their local community or spend time with them in their home pursuing hobbies and interests.

People told us they would feel comfortable to raise any issues or concerns with staff, if they had any. Typically people told us they had never needed to make a complaint. There was information about how to make a complaint in the service user guide that each person had in their home. The provider had procedures in place on how to investigate and respond to complaints, but none had been received at the time of our inspection.

Is the service well-led?

Our findings

We found the service was well-led. There was a registered manager in place at the service, who was also the provider. The registered manager was supported by a care manager, who offered additional leadership support to staff.

People spoke positively about the standards of care provided. A relative told us, "The quality is better than any other care agencies we have used." Another relative said, "The manager of the service is outstanding. She works extremely hard to ensure the service they provide is of the highest possible quality. The staff are friendly and very approachable. The leadership of the service is absolutely excellent."

People, relatives and staff told us the manager was approachable. One staff member said, "I consider the service delivered to people to be of a high standard. I have regular contact with my line manager. I find the manager very approachable and if I have any concerns I feel confident in addressing them."

Two local professionals who worked with SureCare told us they felt the service was well-led. One commented, "From our feedback and experience, we would not hesitate to use Surecare and we are very pleased to have the company available within our locality."

The provider had a system of quality assurance checks to monitor the quality of the service people received. The provider ensured checks were undertaken on a monthly basis of information that came into the office from each person's home, such as medicine records and daily records of care provision. These were checked to analyse whether staff arrived on time, and whether tasks had been completed as they should. The manager also had a system of regular 'spot checks' on staff performance.

The provider involved people, their relatives and staff in their quality assurance procedures, by asking them for their feedback. We found a recent quality assurance survey showed people were satisfied with the quality of care they received. Staff had highlighted areas for where their career development and training could be enhanced in the future, which the provider was considering.

Staff told us they had regular meetings with their manager to exchange ideas, to check on their understanding of people's needs, and to monitor their performance. They told us these meetings were useful. They also had regular meetings as a team, which helped them exchange learning and ideas. One member of staff said, "There are regular staff meetings where training is delivered or awareness issues where I meet other colleagues. I have had review meetings to discuss and improve my skills, these I find very useful as I haven't worked in this type of service provision before."

The provider used local organisations for advice on how they could enhance and continue to improve their service. For example, they used a local solicitor to assist them in training staff on legislation. They also used a local advisory service to gain information on recruitment in the area.

The provider had an improvement plan in place to make improvements to the way calls to people were

monitored. They were exploring systems that could be used to electronically record when staff arrived and left people's homes, so if a member of staff was late, this could be picked up immediately. This would help in ensuring people always received their scheduled calls on time.