First Call Community Systems Limited

SureCare Charnwood and Rushcliffe

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 was the first comprehensive inspection of SureCare Charnwood and Rushcliffe at their village location near Loughborough since the regulated activity of 'personal care' was registered with the Care Quality Commission (CQC).

SureCare Charnwood and Rushcliffe provides a domiciliary care support service providing the regulated activity of 'personal care' to people living within their own homes in the community. There were 37 people receiving support at home in the villages around Loughborough, as well as in the town itself.

A registered manager was in post. 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 staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service. There were sufficient numbers of staff to provide people with the support that had been agreed with them.

People's needs had been assessed prior their service being agreed. There were plans of care in place that been developed to guide staff in providing care in partnership with people who used the service. Their care records contained risk assessments and risk management plans to mitigate the risks to people. These plans provided staff with guidance and information they needed on how to minimise the identified risks.

People received care from staff that had received the right training and support to do the job. People benefitted from a service that was appropriately managed so that they received their service in a timely and reliable way. There were appropriate procedures in place to support people to manage their own medicines as part of an agreed care plan.

Staff were trained in infection control, and supplied with appropriate personal protective equipment (PPE), such as disposable gloves and aprons, to perform their roles safely.

Staff treated people with kindness, dignity and respect. People were happy with the way that staff provided their care and support and they said they were encouraged to make decisions about how they wanted their care to be provided. Staff were responsive to people's changing needs. They were able to demonstrate that they understood what was required of them to provide people with the care they needed to remain living independently in their local community.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place at the service

supported this practice.

Staff had a good understanding of what safeguarding meant and the procedures for reporting abuse. The staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager or other senior staff.

People were cared for by staff that had access to the support, supervision, and training they needed to work effectively in their roles. There was good leadership with regard to the management of the service.

There was an effective system of quality assurance in place which ensured people consistently received a good standard of care and support. People were listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and their preferences for how they wished to receive their care.

Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

The provider worked in partnership with other agencies and commissioners to ensure that where improvements were needed action was taken. Communication was open and honest, and any improvements identified were worked upon as required.

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 received care from competent staff that had the appropriate training and experience.

People benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from unsafe care. Staff knew and acted upon risk associated with providing the level of care that was needed for people.

Is the service effective?

Good

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements in place to ensure the continuity of the service when staff were sick or on holiday.

Staff demonstrated their understanding of how people's capacity to make decisions and choices about their care had to be taken into account and acted upon.

Is the service caring?

Good

The service was caring.

People benefitted from receiving care from staff that respected their individuality.

People's dignity was assured when they received care and their privacy was respected.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred to reflect their individuality and their care needs.

People's care needs had been assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good

The service was well-led.

People benefitted from receiving a service that was well organised on a daily basis as well as long term.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service.

SureCare Charnwood and Rushcliffe

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 announced inspection was carried out by an inspector and took place on 14 and 18 June 2018. The provider of the domiciliary care service was given 48hrs notice of the inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care. We needed to be sure that someone would be in the service location office when we inspected.

Before our inspection, we reviewed information we held about the provider such as statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care of people provided with domiciliary support to check if they had information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with the registered manager and development manager for the service. We also spoke with five staff that provided support including a team leader. We looked at the care records for six people that used the service. With their prior agreement we visited three people at home and spoke with seven people on the telephone to find out about their experience of using the service. We also looked at records related to the quality monitoring of the service and the day-to-day management of the service.

Good

Is the service safe?

Our findings

People's assessed needs were safely met. A range of risks were assessed to keep people safe. One person said, "I can always rely on them [staff] arriving when they say they will. That makes me feel I'm safe and that they [staff] haven't forgotten about me." Another person said, "They [staff] know exactly what they need to do to help me, so that makes me feel safe in their hands."

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

There were enough staff employed by the service to cover the care required, and all staff had undergone a disclosure and Barring Service (DBS) check and obtained references before starting employment.

People's care plans had been reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly. People's care plans contained a comprehensive assessment of their needs, including details of any associated risks to their safety that their assessment had highlighted. The plans also provided staff with the guidance and information they needed to provide people with safe care.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety.

There were policies and procedures in place to safely support people to manage their own medicines when this was an agreed part of their care plan. Relatives we spoke with confirmed that their family members received the support they needed from staff and they were happy that it was done safely.

People were well protected by the prevention and control of infection. We saw that the office location was stocked with personal protective equipment for staff to collect, such as disposable gloves. Staff confirmed they received the equipment and training they needed to maintain good hygiene.

Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. They understood the risk factors and what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice.

Lessons were learnt from things that could have gone better and this was used to consistently improve the quality of the service.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

People received a service from staff that had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs. They received individualised care and support in their own home from staff that had acquired the experiential skills as well as the training they needed to care for people in a person centred way.

Records we looked at showed that people's care was assessed prior to taking up the service to ensure their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to provide staff with the information they needed. People's religion and ethnicity were factors that were taken into account when setting up an agreed plan of care.

Staff had a good understanding of people's holistic needs and the care they needed to enable them to continue living independently in their own home. People received appropriate and timely care from staff that knew what was expected of them. There were appropriate procedures and records in place to support people whose assessed needs included managing their own medicines. Where agreed as part of the support to be provided staff enabled people to eat and drink enough. One person said, "They [staff] always check I've had a drink because sometimes I just forget. [Staff member's name] makes sure I've got another one where I can easily reach it."] A relative said, "The frozen meals are there to be 'popped' into the microwave and they [staff] check [person's name] eats it."

Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. 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.

We saw people's capacity to make decisions was assessed, and people assessed as not having capacity had 'best interests' decisions made on their behalf by family members or their representatives. We checked whether the service was working within the principles of the MCA and saw that this was the case.

People were encouraged to make decisions about how they preferred to receive the care they needed. Care plans contained assessments of people's capacity to make decisions and consent to their care. The staff we spoke with understood the importance to always respect people's wishes for how they preferred to receive their care.

Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles.

There was a process of induction training in place for all new staff to complete before taking up their duties. This included, for example, practical moving and handling skills, safeguarding procedures, and record keeping.

Good

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. Staff were mindful that they were working in people's home by invitation and they were respectful of that. One person said, "They [staff] really do cheer me up." Another person said, "They [staff] are always friendly. I look forward to them coming. They get on with their job but they chat away to me."

Staff were kind, compassionate, and respectful towards people. Their induction included being sensitive to issues of equality, diversity, and upholding people's human rights.

People said they were treated as individuals that have feelings, especially with regard to having anxieties about needing practical help in their own home or support to help them manage their daily lives. One person said, "They [staff] always check with me to make sure I'm happy with what they're doing for me." People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided.

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

People received care from staff that were mindful of the sensitive nature of their work. Staff were mindful of maintaining confidentiality and policies and procedures reflected this with, for example, care records being securely stored in the agency office and information being shared on a 'need to know' basis only and with people's consent. One person said, "I've never heard them [staff] talk 'out-of-turn' about anyone else they go to. I wouldn't like it if they did, but they never do."

People were asked to share information that was relevant to how they preferred their care to be provided. This information was used to create a working care plan that contained, for example, religious beliefs, cultural issues, and if there was any family support to supplement the care provided by the agency.

Information held electronically was password protected and written documentation was stored securely. People received a package of information about their service and what to expect from staff. This information was provided verbally and in writing.

People had been provided with a 'service user guide' that included appropriate office contact numbers for people to telephone if they had any queries. One person said, "I know I can ring them [staff at the office] if I'm not sure about anything or if I need to let them know I've got an appointment and won't be in when they [staff] usually come to me. They [staff at the office] are always so nice on the phone."

Good

Is the service responsive?

Our findings

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home. One person said, "They [staff] always ask me."

There was information in people's care plans about what they wanted to do for themselves and the support they needed to be able to put this into practice.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support. They received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Where practicable scheduled support visits were organised to fit in with people's daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings. One relative said, "They [staff] do their best to be accommodating if I need to ask them to change things around a bit if [relative] has a hospital appointment."

People knew how to complain and who they could contact if they were unhappy with their service. There were timescales in place for complaints to be dealt with. There was a complaints procedure in place and there was evidence that the registered manager had fully co-operated with the Local Authority appropriately and in a timely way to deal with a complaint.

There were no complaints being dealt with when we inspected. The manager told us that if any complaints were made, then the policy would be followed and the information would be recorded in detail, an investigation would take place, and a response given promptly. One person said, "I've never had to grumble but I know who I need to tell if I'm not happy about anything. They explained all that at the beginning."

Good

Is the service well-led?

Our findings

People were assured of receiving a domiciliary care service that was competently managed on a daily and longer term basis. The registered manager had the knowledge and experience to motivate staff to do a good job.

People's care records accurately reflected their needs and the service that had been agreed with the person. Care plans had been reviewed as necessary to include pertinent details related to changing needs. Care records that were kept in people's homes accurately reflected the daily care they had received. People's care plans were regularly reviewed to reflect any changes in their care needs.

Records relating to staff recruitment and training were appropriately maintained. They reflected the training staff had already received and training that was planned for the future. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required.

Staff were provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through regular contact with the registered manager and other senior staff, and had formal 'one- to-one' supervision meetings where their ability to do their job was measured. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The registered manager was readily approachable and sought to promote a culture of openness within the developing staff team. A staff member said, "All of them [senior staff] are there when you need them. They [senior staff] never make you feel I'm asking a 'silly' question. If I'm not sure, I ask."

The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC). Systems were in place to report and investigate any accidents or incidents to minimise the risk of such events happening again.

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement. The registered manager told us and we saw evidence that quality assurance checks were undertaken on a regular basis.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the agency location there was no rating to display. The register manager and provider knew that the rating arising from this inspection had to be prominently displayed, including on the website for the service.