

First Call Community Systems Limited

SureCare Hereford

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

About the service

SureCare Hereford is a service providing personal care to people in their own homes. People supported include younger and older people who may live with dementia, mental health needs, physical disabilities or sensory impairments. Fifty-eight people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

There had been improvements in the guidance provided to staff, so they could provide care which supported people's safety. People's risks were clearly identified, and staff were supported to understand what action they needed to take to address people's safety needs.

Staff knew how to recognise abuse and were confident the manager and senior staff would assist people, should any concerns be identified. People received their care at the times planned. People were supported by staff who took action to reduce the likelihood of them experiencing infections. Systems were in place to take learning from any incidents.

There had been improvements in the way people's capacity was assessed. 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. The provider and registered manager gave us assurances improvements in the recording of decisions taken in people's best interests would be further embedded.

People's care needs and preferences were assessed before they started to receive care. Staff used their knowledge and skills when caring for people and were supported to provide good care through induction and training programmes, which reflected the needs of the people they supported. People, relatives and family friends were confident staff would support people to see other health professionals, and to have enough to eat and drink, so they would enjoy the best health possible.

People told us they liked the staff who supported them and found them to be considerate and kind. Relatives and family friends told us staff knew people well and had developed good relationships with the staff caring for them. Staff encouraged people to make their own decisions about their care, and promoted people's rights to dignity, independence and privacy.

People, relatives and family friends were involved in planning people's care, and said their views were listened to. Staff recognised when people's needs changed and supported people to ensure these were met. Systems were in place to take learning from any complaints, to prevent reoccurrences. People's wishes at

the end of their lives had been established. The provider told us they planned to further enhance opportunities for people wishes to be explored, in case of sudden death.

People, relatives and family friends were positive about the way the service was managed and were encouraged to make suggestions about the care provided. There had been changes to the senior management team, and staff told us this had brought about improvements in people's care and their support. Staff knew how they were expected to care for people and had received compliments regarding the quality of care provided to people. The manager and provider checked the safety and quality of the care, so they could be assured people's needs were met. The manager understood their responsibilities to drive through improvements to people's care, and development of the service was informed by work undertaken with other organisations.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Requires Improvement (published 23 August 2018).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

SureCare Hereford

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted one inspector and an assistant inspector.

Service and service type

SureCare Hereford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, the manager was in the process of registering with the Care Quality Commission. Registered managers 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 20 August 2019 and ended on 10 September 2019. We visited the office location on 22 August 2019.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service, two relatives and a family friend to ask about their experience of care. We spoke with two provider representatives, the manager, six staff members, including care supervisors and care staff.

We looked at six people's care records, multiple medication records and information relating to the quality and management of the service. This included minutes of staff meetings, complaints and compliments, staff training records and systems for managing accidents or incidents.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the provider had not ensured people's 'individual risk management' gave enough detail and guidance for staff to provide safe care. At this inspection, we found this had improved. People's risks were clearly identified, and staff were supported to understand what action they needed to take to meet people's safety needs.
- People told us staff discussed their safety needs with them. One person told us staff gently reminded them to use the equipment they needed to reduce the likelihood of them experiencing falls.
- Staff understood people's individual risks and safety needs and knew how to support people, so their risks were reduced. These included risks in relation to people's underlying health conditions, such as diabetes. One person said staff supported them well to manage risks to their skin health because of this. Another person told us staff also understood how to ensure risks to their safety were reduced when staff were not present, by prompting them to have their emergency alarms to hand.
- People were encouraged to ask for additional help, as their needs changed. Relatives gave us examples of additional care being provided, so their family member's safety would continue to be met.

Systems and processes to safeguard people from the risk of abuse

- People's safety needs were reflected in the way staff supported them and people were assisted to stay as safe as possible.
- Staff knew how to recognise and report abuse, if this was identified.
- People, relatives and staff were confident the manager would protect people if there were any concerns.

Staffing and recruitment

- People and relatives told us they could rely on staff providing the care planned with them and said there were sufficient staff to meet their needs as these changed. One person said, "They [staff] arrive when I am expecting them." Another person said, "They [staff] are always on time or before time."
- People gave us examples of times when they had been supported to vary the times of their care calls in line with changes in their preferences and needs.
- Staff were not permitted to care for people until checks had been made to ensure they were suitable to work with vulnerable adults. One staff member said, "I was not allowed to start to provide care until all three of my references had been checked."

Using medicines safely

- People told us staff recognised some people liked to continue to manage their medicines independently, or with help from their families.

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. The manager made checks on the medicines administered by staff, so they could be assured people received these as prescribed.

Preventing and controlling infection

- People told us staff followed good hygiene practices to prevent infections. This included wearing equipment when providing personal care. One person told us, "They [staff] use gloves and aprons and they are careful how they dispose of them."
- Staff were supported to understand links between good infection control practices and the reduction of infections, through training and the supply of equipment required.

Learning lessons when things go wrong

- The provider and manager had systems in place to review any accidents or incidents, to review any trends and to identify if action needed to be taken mitigate future risks.
- Staff had opportunities to reflect on people's safety needs and risks at regular meetings. Staff were encouraged to let senior staff know if people's safety needs were changing. One staff member explained communication systems used meant staff were instantly advised as people's safety needs altered. This helped to ensure any learning regarding safety issues were communicated across the staff teams.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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 our last inspection the provider had not ensured people's rights under the MCA were fully promoted and information on people's capacity to consent to their care was contradictory. In addition, where people lacked capacity to consent to care, there was no evidence of best interest decision making on their behalf.
- At this inspection, we found some improvements had been made and information on people's capacity to consent to care was more consistently recorded.
- The provider had put systems and check in place to ensure any decisions which needed to be made in people's best interests were recorded, however this was not yet fully embedded. For example, we saw some best interest decision forms were fully completed, but there were others which had not been fully completed. The provider and manager gave us assurances this would be addressed without delay.
- People told us staff listened to the decisions they made about their care. Relatives told us where their family members needed support to make some decisions they were consulted.
- The provider had ensured staff had received training in MCA so staff would develop the skills they needed to promote people's rights.

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

- People's preferences, risks and needs were assessed by staff before people started to receive care. One person told us, "[Staff] came out and spent two or three hours to check what care I wanted." This helped to ensure their care needs were met when they started to receive care from SureCare Hereford.
- People's assessments considered their individual care needs, risks and preferences and were regularly reviewed.

Staff support: induction, training, skills and experience

- People told us staff knew how to look after them. One person said because of this, "They are doing a great job."
- Relatives were positive about the way staff used their skills when supporting their family members. One relative told us how skilled staff had been when their family member required additional help, because of a fall.
- Staff had opportunities to develop their skills and knowledge further. Staff had received training which reflected the needs of the people they supported. This included training to meet people's individual needs, such as dementia, medication and how to assist people to move safely.
- New staff were supported to provide good care through an induction programme, which included working alongside more experienced staff, and opportunities to gain recognised qualifications such as The Care Certificate.

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

- People were supported to have enough to eat and drink, where this was agreed. People said the meals and drinks prepared for them were based on their preferences and choices. One person said, "Staff help with my meals. They cook them well and always ask me what I would like."
- Staff understood the links between nutritional health and well-being. For example, if people needed specific support with their diet because of underlying health conditions, such as diabetes.
- Where people needed support to have enough to eat and drink to remain well this was monitored by staff.

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

- People were confident staff would support them to access care from other professionals if they wanted this.
- Relatives told us staff promptly let them know if there were any concerns for their family member's well-being and health, and to agree plans to support their family members. One relative said, "They ring if [family member's name] is unwell - they are good like that."
- Staff gave us examples of joint work they had done with other health and social care professionals, so people had access to the care they needed to remain well. This included communicating with people's GPs and district nurses, so people would have the care they wanted and recover as quickly as possible.

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

- People were positive about the staff who cared, and the relationships they had built with them. One person said, "They [staff] make people at ease. I get on so well with them, and we have a bit of a laugh. If you are on your own it is important."
- Relatives and family friends said staff were kind and considerate and had a caring approach when supporting people. One relative explained their family member needed some additional help, in an emergency. The relative said, "Staff were very good, and were very calm and caring." One family friend told us because of staff's approach, "[Person's name] thinks the world of staff. They are so good."
- People were supported by a consistent group of staff, where they wanted this. Staff also recognised some people enjoyed being supported by a number of staff. People's views were sought on the type of they wanted to support this. This included if people wanted a specific gender of staff member to care for them.
- Staff spoke warmly about the people they cared for and understood what was important to them. One staff member said, "You have a cup of tea and you do the call. You get to know the clients and the relatives, too." People and their relatives told us this encouraged them to ask for any additional care they wanted.
- People gave us examples of acts of kindness staff had undertaken, so people would know they were valued. These included marking people's birthdays, emptying their bins and spending time reassuring them and their family members.
- Staff understood the importance of the Equality Act 2010. Staff gave us examples of how they had sensitively supported people, so people's unique needs and abilities were recognised. This helped to ensure people were protected from discrimination.

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

- People were encouraged to decide what care they wanted and to make their own day to day decisions about the support they wanted. One relative said, "The records tell me [family member's name] gets choices. They decide where they want to sit and what they want to do."
- People said staff listened to any decisions they made about their care and supported them as people requested. People told us this included when they wanted to vary their care call times.
- People's, relatives' and family friends' views were listened to when care was reviewed, and quality assurance checks were made. This helped to ensure people's preferences and decisions were known and respected.

Respecting and promoting people's privacy, dignity and independence

- People gave us examples showing staff took their need for dignity into account by covering them up,

during personal care.

- People said staff focused on helping them to remain independent and living in their own homes as they wished. One relative said because of the way care was provided, "It is keeping [family member's name] independent and safe."
- People's private information was securely stored to promote their rights to confidentiality and privacy.

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 reflected their needs, risks and care preferences and were based on people's wishes.
- Relatives' and family friends' views were considered when people's care was planned. One relative said because their family member's planned care had been tailored to suit them, "We have confidence in the care and are really, really satisfied." Another relative said because of the plans put in place to support their family member, "Staff assist [person's name] to do things themselves. They encourage [family member's name] in the right way and know them inside out."
- There were regular opportunities for people, their relatives and family friends to review people's care with staff. One relative gave us an example of a suggestion care staff had made so their family member could be supported in an emergency. Another relative said, "They [staff] know what [family member's name] needs and have increased care calls in response."
- Staff gave us examples of times when they had worked in flexible ways to meet people's changing needs. This included providing extra support to people when they were ill. One relative told us staff had put in an extra call to their family member, so the staff member could be sure their family member was not anxious, after experiencing a fall.

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.

- People's communication needs had been considered when their care was planned. Staff gave us examples of different ways they worked with people so their communication needs were met, including for people where English was their second language.
- Key documents were available in alternative formats, such as large print, so information would be available to support people to make decisions about their care.
- The provider planned to further develop the range of documents available in other formats as people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff took time to chat with them, so they felt less isolated. One person said, "They [staff] talk to me about my interests and hobbies and family. They also compliment me on what I am wearing." Another person said, "They [staff] chat to me and talk to my [relative], too. They have general banter with me

and this is important to me."

- Relatives said their family members valued the interactions with staff, and this helped to provide comfort and reassurance to their family members.

Improving care quality in response to complaints or concerns

- People had been given information on how to raise any concerns or complaints and were confident if they raised any, these would be addressed.
- Systems were in place to manage and respond to complaints, and to take any learning from these. Staff gave us examples of how learning from any concerns or complaints were communicated to the staff team. This provided staff with opportunities to reflect on their practice and to adjust plans to meet people's changing needs.

End of life care and support

- People's needs at the end of their life were assessed in consultation with people, their families and other health and social care professionals.
- Staff gave us examples showing how they worked with other organisations, so people's end of life preferences and needs would be met.
- The provider's representative told us they planned to further develop people's care plans, so their end of life wishes would be known, in the event of people's sudden 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and family friends said the service was managed well. One person told us about the way the service was organised meant, "I am very happy with the care, they do such a good job." Another person said, "The care is managed well. It's all about you, and you can make your decisions and stay independent and you can rely on the staff."
- Relatives and family friends were positive about the way the service led. One relative explained because staff focused on their family member's needs they were, "Very confident with the care. I don't have to worry about [family member's name]." A family friend said, "I'm more than happy. I would recommend them as a care agency."
- Staff told us they were encouraged to focus on people's needs and to work across staff teams, so people's needs would be met. One staff member told us, "If we have any concerns for people, the office staff will get them help."
- The manager told us, "For my clients I want stability and continuity, but know some people like a mix up, [different staff supporting them]. We know clients well, you match [people's and staff's] personalities. I want clients to be happy."

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

- The manager and provider's representatives understood their responsibilities to provide care which led to good outcomes for people and was based on best practice standards. The manager kept up to date with best practice by planning improvements to the service with the provider's representatives and other health and social care professionals.
- Staff were supported to provide good care to people and knew how they were expected to care for them through regular communication about people's care needs, and one to one meetings with their managers. One staff member explained there had been a number of different managers at the service. The staff member said, "I am happy to make suggestions, and there have been improvement in things like travel time."
- The manager and provider understood their responsibilities to advise CQC and other agencies of important events which may occur at the service and was aware they needed to support people in an honest and open way in the event of any mistakes in the care occurring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The views of people, relatives and family friends were incorporated into quality monitoring and assurance arrangements. People's, relatives 'and family friends' views on the care provided were checked through discussions and care reviews.
- People and relatives told us communication across the management and staff team was good. One relative highlighted how the communication had benefited their family member, who had experienced a fall. The relative explained staff had provided an extended call, so they could be assured their family member was recovering well.
- Compliments had been received by staff regarding the care provided. For example, one compliment stated, "[The] care is excellent and communication from the office is great." Senior staff had sent texts to express their thanks to the care and office staff.
- The staff team met to discuss people's care needs and to make suggestions for improving care. Staff told us their suggestions were listened to, and staff were aware the manager planned to recruit additional staff and further develop care call planning.
- Staff highlighted there had been improvements in the quality of training and support provided to them. The manager said they were committed to providing enhanced training opportunities for staff, so they would have the skills to monitor for signs of this and to promote people's health.

Working in partnership with others; Continuous learning and improving care

- The registered manager had put systems in place to work with other organisations, including district nurses and people's GPs and social workers. This helped to ensure people were supported to see other health and social care professionals promptly.
- The manager and provider checked key aspects of care provided and used the findings to reflect on the quality of the service. This included unannounced spot checks on care practice, so the manager could be assured people were receiving their care as planned and were supported by considerate staff who knew how to care for people.
- Where any actions were identified, the manager acted to drive through improvements in people's care. The manager and provider gave us assurances they would build on their existing checks to ensure the improvements made in relation to recording around people's mental capacity assessments was fully embedded.