Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing - Manchester

Inspection report

1 St James's Square
Manchester
Lancashire
M2 6DN

Tel: 01618311600
Website: www.cordantcare.com

Date of inspection visit:
29 August 2017

Date of publication:
17 October 2017

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

We visited Sugarman Health and Wellbeing – Manchester on 29 August 2017. Sugarman Health and Wellbeing – Manchester provides care and support to people who need the services of a domiciliary care agency, including 24-hour support in people's homes. Sugarman Health and Wellbeing – Manchester supports people with a range of conditions including people with learning disabilities and/or mental health needs. The agency was providing a service for six people at the time of inspection. The agency's office was situated in Manchester City Centre

The service had a registered manager who had been in post since September 2016. 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.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were procedures in place to guide staff in relation to safeguarding adults and all staff had undergone training about both safeguarding and whistleblowing.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. Staff had received spot checks on their competence and regular supervision. There were also regular team meetings being held.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People were supported to maintain good health and receive health care support. People's GPs and other healthcare professionals such as community nurses and occupational therapists were contacted for advice about people's health needs whenever necessary.

All of the responses from the people who spoke with us was that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood the support needs of the people using the service. People told us they had no complaints about the service. The provider had a complaints procedure in place and this was available in the 'service user guide'.

The care records and risk assessments we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly reviewed. We found that people were involved in decisions about their care and support.

The staff employed by Sugarman Health and Wellbeing – Manchester, knew the people they were supporting and the care they needed as staff were recruited and specifically trained to meet their needs. People who used the service were involved in the recruitment of their staff team wherever possible.

The services policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working.

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

Staff had been recruited safely and other employment policies were in place.

Safeguarding policies and procedures were in place and staff had received training about safeguarding vulnerable people.

Each person had risk assessments that were personalised.

Is the service effective?

Good

The service was effective

Staff were appropriately supported through a structured induction and received regular supervision.

People said they had given consent for support to be provided.

Staff were aware of the nutritional requirements of the people they supported.

Is the service caring?

Good

The service was caring

The confidentiality of people's records was maintained.

Staff showed that they have a good relationship with the people they supported.

People and their relatives said that the communication with the service was good.

Is the service responsive?

Good

The service was responsive

People who used the service were involved in their plan of care and, where appropriate, their relatives or representatives.

People's comments and complaints were taken seriously and investigated.

People had prompt access to other healthcare professionals when required and this was fully documented.

Is the service well-led?

Good

The service was well-led

The service had a manager who was registered with the Care Quality Commission.

There was a well organised office team that had clear responsibilities.

The manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information.

Sugarman Health and Wellbeing - Manchester

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.

This inspection took place on 29 August 2017, was carried out by one adult social care inspector and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before our inspection, we looked at information we, the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office on 29 August 2017 and looked at records, which included three people's care records, three staff files and other records relating to the management of the service. We also visited the home of one person using the service.

During the inspection we spoke to the registered manager, the complex care manager, a co-ordinator and staff. Following this visit we made phone calls to staff, relatives of the people who used the service and other professionals.

Good

Is the service safe?

Our findings

Relatives of the people we spoke to felt the service was safe. We saw that staff had received training in safeguarding adults and updates were undertaken regularly. The staff were able to tell us how to both prevent abuse and to report it should it occur. We were told by relatives that people using the service were safe with the staff. One person told us "Yes I'm safe".

Policies and procedures were in place for safeguarding vulnerable people from abuse. The service reported safeguarding incidents to the Local Authority and to the Care Quality Commission appropriately and within the correct timescales.

We looked at a sample of three staff files. We saw records to show that full recruitment and checking processes had been carried out when staff were recruited. These included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. We also saw how the service had appropriate disciplinary policies and procedures in place.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been updated annually or sooner if there was any change in the person's needs. Risk assessments had been completed with regard to finances, moving and handling, handling medicines, people's physical health as well as additional risks. These risk assessments had been reviewed regularly and with input from either the person or their family member if appropriate. The service employed a nurse who visited people when their health risk assessments were reviewed as well as a co-ordinator. This meant risk assessments were appropriately reviewed.

We saw that the risk assessment information contained in people's care plans that was kept in their homes, exactly matched the information held in the office. This information included emergency guidance on health issues such as breathing difficulties. This meant that staff had up to date guidance when supporting a person.

We looked at how Sugarman Health and Wellbeing – Manchester supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files, and we saw these had been completed appropriately. Staff had received training in medication administration and their competency was checked periodically by their line manager, the staff we spoke with confirmed this.

There were sufficient staff to meet the needs of people and we were told staff were regular and known to the person they were supporting and that consistency was maintained. One relative told us how Sugarman Health and Wellbeing – Manchester had recruited for the support team for their family member and that it was now fully staffed. The service told us how they did this for each person they provided support for. We were also told by both the service and relatives that if a staff member was not acceptable for the person

then they were changed and other staff were employed. We were able to see that the service sent out regular rotas to people so that they knew who was coming to their home each day to support them.

We saw that personal protective equipment such as gloves and aprons were available to staff and that all staff had attended infection control training. This helped to minimise the risk of spreading infection. We also saw how a cleaning schedule was in place in one person's home. This was in agreement with the person and had been kept updated. The person's home looked well cared for and visibly clean.

Good

Is the service effective?

Our findings

People we spoke with told us that the staff calling on them were fully trained and had the relevant skills. One relative said about the staff "They are trained specifically for [name]. He has very specific needs and the staff need to be well trained to be able to look after him". One person using the service told us "Staff are well trained, they've got experience".

We reviewed three staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service. When we looked at the electronically held training matrix we found that this showed us the training that had been received included food hygiene, health and safety, safeguarding and first aid. We also saw how staff had attended specialised training depending on the person they were supporting. This included the use of oxygen, nebulisers, oral suction, cough assist and the use of ventilators. This was supported through discussions with staff, people who used the service and their relatives.

We saw that staff were supported through had received individual supervision meetings. This was used as an opportunity to inform them of any changes or issues or to discuss training needs. All staff also had had an annual appraisal that meant they were able to plan any training and objectives for the coming year. Records showed that spot checks on their competency,were also carried out.

Sugarman Health and Wellbeing – Manchester had an up-to-date policy in place regarding the Mental Capacity Act 2005 and the registered manager was able to discuss with us the support people were receiving and whether they had capacity or not. The service was aware of their responsibilities and was able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support, this was supported through discussions with staff. Everyone we spoke to told us their choices were respected; one person said "They ask consent, I have said no and I've been listened to". The care plans we looked at showed care had been agreed to by the person receiving the service or relative if appropriate.

Everyone we spoke with was happy with their support with eating and drinking. One person told us how staff supported them with their shopping so they always had access to food they enjoyed. We were also able to see how one person had a regime in place as they were fed through a 'percutaneous endoscopic gastrostomy' (PEG). This is a tube that allows nutrition to enter the body through a tube directly from the abdominal wall, into the stomach. We also saw how there had been referrals to dieticians when staff had become aware of any problems. We were told by one person how staff monitor their food and drink intake. This was done with the persons consent.

As people lived in their own homes we saw how the service had carried out environmental risk assessments and that these were contained in each person's care plan. We also noted how Sugarman Health and Wellbeing – Manchester held a maintenance log on various equipment with the persons home, an example being a ceiling hoist or ventilator. This meant that people's aids and adaptations to their home, were as safe as possible.

Good

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person said "I have a good relationship with the staff". A relative told us "The care is good". One person who used the service told us "We work together to make sure I can do as much as I can".

The people we spoke with felt they were well informed and were also involved in the support being delivered. We were told by relatives how they had been involved in arranging the support package for their family member and how they had been working with the service to implement and review the care and request that it is adapted if the need had been identified. Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues. One relative said "I've had more than a couple of meetings with them. I was unsure with [Name] receiving care so I made sure this company was ok" and "They keep me informed such as if [Name] is happy or unhappy. They do say if anything unusual happens".

People felt that staff respected their privacy and dignity when supporting them with their daily tasks. We asked people if they were able to make their own choices and we were told 'yes'. One person said "I try to do as much as I can".

The service, at the time of inspection was not providing end of life care but were able to show how they had prepared the organisation for the future, by accessing end of life training for the staff. We saw how some people had evidence of advanced care planning held in their care files. Advanced care planning is a process of discussion between a person and their care providers to make clear a person's wishes and will usually take place in the context of an anticipated deterioration of the individual's condition in the future. This ensures their wishes are carried out.

We observed that confidential information was kept secure whist we were in attendance in the office because we saw that paper based records were kept locked and only accessed by staff and electronic information was also secured appropriately.

Information was available for people who received a service from Sugarman Health and Wellbeing – Manchester, this included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care.

We observed staff on duty in the person's home that we visited and saw that staff knew the person well. We saw that staff communicated with the person and met their needs in the way the person wanted.

Good

Is the service responsive?

Our findings

All the people and relatives who we spoke with were satisfied with the way support was provided and felt listened to. They told us that they would definitely be comfortable with expressing concerns about the service if they had any. One relative told us about how they hadn't liked one staff member and that the service had changed the person. They were now happy with who was supporting their family member. One person told us "I've got no complaints" and another relative said "I've no complaints so far".

The information that was available for people who received a service from Sugarman Health and Wellbeing – Manchester, contained a condensed but clear written complaints procedure and this was given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. It gave contact details for CQC and contained the registered manager's name.

We asked social care professionals for feedback about the service and we received positive comments including how one person was 'generally pleased with the service and asked to keep them if she moves from the care home where she was being supported by staff from Sugarman Health and Wellbeing – Manchester, to supported living if any accommodation becomes available'.

We spoke with the registered manager, the complex care manager and a co-ordinator who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. We were told how the process could take between six to nine weeks as the service recruited specifically for the person.

Care plans were in place for the care people required, these included mobility, communication, personal care, medication and nutrition care plans. Care plans were personalised and provided details of daily routines specific to each person. They had sign sheets in them that staff signed to say that they had read and understood the care plan. The care plans had been reviewed regularly, to make sure they reflected people's current needs and circumstances. This ensured staff had appropriate and up to date guidance on how to support people as and when their needs changed. The documentation within the plans was clear and had been completed in full. Care staff completed a visit log after each visit, and these were then audited then archived. The daily logs matched the care needs that had been identified in the assessments.

We also saw how other health professionals, such as occupational therapists and dieticians had been involved in people's support. For example there was information and guidance for support staff that had been followed regarding diet/fluid and weight management. There was also involvement from district nurses, occupational therapists and GP's. One relative was able to tell us how "Staff listen very carefully" when either the physiotherapist or community nurses came out and gave instructions regarding care.

Activities were also included within people's support plans this was seen to be reviewed regularly so that

support was relevant and person centred. The support plans also documented the current support aims for the person as well as their daily routines.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post since September 2016. They were supported by a complex care manager, a co-ordinator and a registered nurse. The manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information; this demonstrated that their service acted in a transparent way.

The managers of the service actively updated their own knowledge by attending networking and 'best practice' events. The registered manager told us that they were well supported by the provider and could contact them at any time for support. We were told by people using the service and staff that the co-ordinator and complex care manager was easily contactable however, sometimes contacting the registered manager was not always easy. People knew the name of the registered manager but we were told that sometimes messages were not always answered.

The service's policies and procedures had been regularly reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. Updates to policies were passed on to staff through regular team meetings. This meant staff had access to up-to-date guidance to support them in their work.

We saw that staff meetings had been held. These were known as 'patch meetings' and were specific to the person being supported. This gave staff the opportunity to air any issues and receive information about the service. We saw that the views of the staff had been asked for regarding how better to support the people who used the service.

People who used the service were also asked to express their views through a satisfaction survey. We were able to see examples of the questionnaires and we saw that the feedback was all positive. Comments included 'I think it's good' and 'Always happy'. We also saw that staff questionnaires were used.

We noted that the service worked alongside other professionals such as social workers, community nurses, occupational therapists, dieticians and G.P.'s to ensure care services were personalised. An example of this was accessing clinical training from the hospital to ensure than individual person was safe living in the community.

People's care plans were regularly updated with input from the people receiving the care or if appropriate their relatives or representatives. This showed that the service regularly listened to people and ensured the care was personalised.