

Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing - Watford

Inspection report

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31 January 2018
12 February 2018
13 February 2018
14 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was the first comprehensive inspection of this service with the Care Quality Commission (CQC). This inspection took place on 31 January 2018. We also made telephone calls to people who used the service, their relatives and staff to obtain their views. These calls took place on the 12, 13 and 14 of February 2018.

Sugarman Health and Wellbeing - Watford is a domiciliary care agency. It provides personal care to people living in their own homes in the community and in specialist housing. At the time of our inspection there were 26 people using the service. People who used the service received 12 hour support from staff and some people had staff live at their homes.

The service had two registered managers at the time of the inspection, this will change when one leaves to become an area manager for the organisation. 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 provider had policies in place to monitor any concerns and complaints raised by people who used the service or their relatives. The manager investigated and responded to complaints. However not everyone felt the communication was good. Some people felt that although they had raised issues about their support, that this did not change.

There was enough staff available to meet people's needs. People and their relatives told us that the care and support provided by Sugarman Health and Wellbeing – Watford was appropriate to meet people's preferred preferences.

Staff helped and supported people to take their medicines safely. Staff received training in safe administration of medicines and knew how to make sure people received their medicines safely.

People felt safe using the service. Staff demonstrated they had a good understanding of abuse and were able to escalate concerns when required. The provider had safe recruitment practices in place.

Staff received training to enable them to carry out their role effectively and safely.

Staff sought people's consent to care. People received support to access healthcare appointments if needed.

People and their relatives told us they were satisfied with the staff that provided their care. Staff members took the time to have a chat and support people with their needs.

People were fully involved in making decisions about their own care. People felt staff treated them with

dignity and respect.

People and their relatives told us they had been involved in developing people's care plans and felt that staff listened to them.

The manager demonstrated a good knowledge of the staff they employed and people who used the service. Staff understood their roles and responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were not always sufficient numbers of staff to meet people's individual needs.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good 

The service was effective.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that received appropriate training to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Staff received inductions and supervisions and had access to staff meetings.

Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and

respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to maintain social interests and take part in meaningful activities relevant to their needs.

Concerns raised by people and their relatives were dealt with promptly by the registered manager.

Is the service well-led?

Good ●

The service was well led.

We received mixed reviews from people and staff about the communication from the office.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

Staff understood their roles and responsibilities and were supported by the management team.

Sugarman Health and Wellbeing - Watford

Detailed findings

Background to this inspection

This inspection took place on 31 January 2018 and was announced. We provided 48 hours notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. One inspector undertook the inspection.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. 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 also checked the information we held about the service and the provider and saw that no concerns had been raised.

Not all people who used the service were able to communicate over the telephone. We spoke with two people who used the service and received feedback from seven relatives to obtain their views on the service provided. We received feedback from the quality compliance manager, care co-ordinator, and both the registered managers. We also spoke with five staff members.

We looked at the care records for three people who used the service. We reviewed three staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

There was suitably experienced, skilled and qualified staff available to meet people's needs safely and effectively. However, staff gave mixed responses to staffing levels. One staff member said, "Yes we are short staffed." They went on to explain if they have someone on leave or if staff goes sick they do not have people to replace them. Another staff member said, "Yes there are enough staff and we have a good team here." The registered manager had a system in place to ensure that there were enough staff to meet people's needs and the skill and gender mix met people's preferences.

We also received mixed reviews from people and their relatives about staffing levels. All people and relatives were positive about the care provided but felt there should be more staff. We looked at people's rotas and we found there had not been any missed calls. We spoke with the registered manager and they assured us that there had been no missed calls. They told us that where staff were delayed, other staff members in the team had stayed to cover until the staff member arrived. We found on occasion that staff had been late for calls and this needed improving. One relative commented, "[Name] has two carers and they always have staff." One person commented, "I am happy with the care, I have got carers that are regular."

Staff we spoke with demonstrated they could recognise signs of abuse and knew how to report any concerns they had. One staff member told us, "If I had any concerns I would always report them to the supervisor or the manager." Staff described types of abuse and things that would concern them. For example, changes to people's behaviour. Staff knew how to escalate concerns and report to outside professionals such as the local authority or the Care Quality Commission.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures, which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw the registered manager verified references.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, people with complex health conditions had clear guidance for staff in their support plans on how to manage this. Staff were aware of what was required to keep people safe and staff received the appropriate training to ensure they could meet people's needs. There were systems in place to check that staff training was in date. We found some training needed refreshers. The registered manager had identified this and had taken steps to address this.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that reoccurring patterns were identified and reduced through taking the appropriate actions.

There were suitable arrangements for the safe storage and management of people's medicines. Trained

staff that had their competency assessed supported people to take their medicines safely. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "I support people with their medicines." We found spot checks were completed to ensure staff were competent and monthly audits were completed to ensure people were safe. People we spoke with were happy with the support they received.

Plans and guidance were available to help staff deal with unforeseen events and emergencies, which included relevant training such as first aid. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. Staff we spoke with confirmed they made sure the environment was safe of trip hazards and that all equipment was safe to use.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "The care is really good."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines and relevant training to meet people's complex needs. Staff confirmed they had completed induction training. One staff member said, "The training is good. We have one to one training, group training and online training. I had my induction and I had shadowing when I first went out (on visits to people). Shadowing of staff is when a new member of staff works with a qualified staff member until they are competent to work independently."

We received mixed feedback from staff about the support they received. For example, two staff told us that they did not receive the paperwork they needed for documentation and the communication could be better. However, three staff felt the communication was good and that they received the support they needed. We spoke with the manager and they confirmed that this issue had been resolved due to improving the office staffing levels, people were now receiving their paperwork and the communication was improved.

Staff attended meetings and discussed issues that were important to them. They received supervisions to review their performance and development. One staff member said, "I have had supervision we talked about training, the training is good." Another staff member commented, "I feel confident to do my job." They explained that they had received the appropriate training. Another staff member commented, "I had an induction and was shadowed. We are shown different techniques, we have the skills and training it is good." A relative said, "Happy with the carers, they have the right training."

Staff received specific training about the complex health conditions that people lived with to help them support people more effectively in a way that was responsive to individual needs. For example, staff were trained and had access to information and guidance about how to care for people with a tracheostomy. Staff we spoke with felt confident in their skills and confirmed they had received training they needed to perform their duties.

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 checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "People not able to make decisions, may need assistance to support them,"

we support people to solve problems we always give choice, they [people] can tell you what they want." Another staff member told us they gave people various options to promote their choice. Staff supported people to eat healthy meals and had their likes and dislikes noted in their support plans. One staff member commented, "If I am cooking dinner I ask what they like to eat." One person said, "They [staff] always ask me what I want. I make the decisions they [staff] know the routine."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. We saw involvement from other professionals as needed.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "I am happy with the care. They certainly are very caring, I feel comfortable in my own home." One relative said, "[Name] is happy with the care."

Staff supported people with dignity and respected their privacy. Staff were able to tell us how they promoted people's dignity and respect with good communication. Staff had positive and caring relationships with people they supported. One staff member said, "If I am supporting with personal care I make sure I keep people covered and always communicate what we are doing and checking that it's ok." One person commented, "I have built up good relationships, they [staff] are like friends and [relatives] the same."

Staff had developed relationships with people they knew well. One staff member commented, "I have developed good relationships with people. One relative said, "They [staff] find them [person] new things to do, they have helped them get extra physiotherapy. They encourage and lift their spirits; they motivate them to do their exercises. They take them out and have a good laugh; the staff interact well. My [relative] enjoys there company, they see them as friends."

Staff ensured that people had a voice and people were asked for their feedback about the service and how they wanted to be supported. People and relatives we spoke with confirmed they had been involved with the care and support they received.

Staff ensured confidentiality and information held about people's health, support needs and medical histories was kept secure. Information about advocacy services was made available to people and their relatives should this be required.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. Care plans were person centred. People who required support for complex issues had good guidance in their care plans and staff received the appropriate training. Staff we spoke with were able to answer questions about people's required support. This showed staff knew people's needs. One person was involved in selecting their own care team to ensure they were happy with the staff that supported them in their own home.

Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their individual cultural and religious needs were also documented. People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "They [staff] have sat down and gone through the care plan with us both, we have seen [registered manager] a couple of times."

Staff documented and reviewed people's needs to ensure that the care and support provided helped them maintain good physical, mental and emotional health. For example, when people came to use the service pre assessments were completed. Staff reviewed and updated people's care plans when required.

People had support to maintain their interests and helped to access the community. We saw that one person who wanted to go on holiday had all the appropriate risk assessments in place to ensure they could have a family holiday. The ambulance service had been made aware of the travel dates and would be alerted if there were any problems. On arrival staff, completed risk assessments and all equipment including a specialist bed were in place at the holiday resort. This demonstrated that the provider supported and worked with people to ensure their needs were met but also helped to ensure they lived a fulfilled life?. We also found that the provider had supported one person in resolving a infection control issue by contacting the appropriate authorities to ensure the person received the support and appropriate treatment required. The care co-ordinator told us that they had to contact other professionals to ensure the situation was resolved.

People and relatives were consulted and updated about the services provided and were encouraged to have their say. However, we had a mixed response from people and their relatives. Some people told us they felt listened to by staff and the management who responded to any complaints or concerns in a prompt and positive way. Some people and their relatives told us that the communication was not good from the management and the office staff. However, they were pleased with the staff hat provided their care and support. We found that the registered manager responded to concerns and complaints appropriately.

Is the service well-led?

Our findings

The registered managers were knowledgeable about the people who received support. They ensured that staff had the tools, resources and training necessary to meet people's needs at all times. One staff member said about Sugarman, "It's brilliant they always respond to my calls and help with any problems I might have."

Staff received meetings and supervisions to ensure they have a voice and could express their opinions. The registered manager told us that recent improvements had included improving staffing levels in the office. The registered manager commented, "We have had a period of being rather short staffed in the office. As of January, we have implemented a full team of four care coordinators. Prior to this, there may have been issues with having to chase the office for communication. However, since January I have put in place a strict regime where all clients will receive their rota on a Thursday and will have a follow up call. This means as a minimum there will be weekly contact. I will of course continue to monitor this on-going."

There were systems in place to monitor the quality of the service. We saw that the registered manager had completed audits of the service to identify any improvements needed. There were action plans in place to make improvements. For example, the medicine administration record sheets (MAR) were recently changed to improve the way staff recorded the information. The registered manager told us this was in response to issues found and the changes had made a big difference. The quality lead visited regularly to complete audits any issues found resulted in an action plan and monitored until complete.

The registered managers were very clear about the values and the purpose of the services provided. They attended meetings to ensure best practice. There were links to the local authority for training. One registered manager said, "I feel supported." They went on to say that they had a good team around them. There was a clear staff structure in place and staff were aware of their roles and responsibilities.

Both registered managers felt supported by the provider. One commented, "The support has always been good, I have lots of different people I can turn to such as the clinical lead, other branch managers and the quality lead. We have meetings with other managers and we share ideas and review policies. We discuss different topics to ensure everyone is on the same page." The registered manager told us that Sugarman was also part of a social enterprise that invested its profits in programmes that have positive impact on society and the lives of others.