

Care Label Ltd

SureCare (Reading & East Berkshire)

Inspection report

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Date of inspection visit:
10 March 2020

Date of publication:
01 April 2020

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 (Reading & East Berkshire) is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 35 people were receiving personal care.

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

People received safe care and treatment. Individual risks and environmental risks were identified and managed safely.

Care staff understood the importance of safeguarding people they supported, and knew how to report any signs of abuse, or any accidents or incidents.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Staff had completed training in the safe administration of medicines. People were happy with how they were supported to manage their medicines.

New staff had an induction into their role and received appropriate training that equipped them to support people effectively. They had their competency assessed to help ensure they continued to be sufficiently skilled and knowledgeable.

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.

People were treated with kindness and compassion. Staff had developed positive relationships with people and knew what was important to them.

People were treated with respect and dignity. Staff encouraged people to remain as independent as possible in their daily routines.

People were involved with planning and reviewing their care. Care records were written in a person-centred way and guided staff on the most appropriate way to support people.

A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately.

Staff, people and relatives told us they had a good relationship with the management team and could seek support and assistance easily when needed. The service had positive working relationships with health and social care professionals to promote good outcomes for people.

There were effective systems in place to monitor the safety and quality of the service. Feedback about the service was sought from people, their relatives and staff.

Rating at last inspection

The last rating for this service was Good (published 25 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SureCare (Reading & East Berkshire)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission who was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. Whilst the registered manager was involved in the general running of the service, there was another manager in post who was responsible for the day to day management of the service. At the time of the inspection, they had started the process with the CQC to become a registered manager of the service. We have referred to them as the manager throughout the report.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the manager would be in the office to support the inspection.

Inspection activity started on 10 March 2020 and ended on 16 March 2020. We visited the office location on 10 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the provider and the manager of the service. We reviewed a range of records including five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including accidents and incidents, quality surveys and procedures.

After the inspection

We spoke with eight people and two relatives of people using the service. We received feedback from two health and social care professionals involved with the service and spoke with eight members of care staff.

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 Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from the risk of abuse.
- People told us they felt safe with staff in their own homes and their property was respected. One person said, "Yes, I feel safe, they are very good and make sure I'm ok."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I would report any concerns to the manager straight away and record it. If they didn't take it seriously, then I would call you [CQC]."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm. For example, where a person had difficulty swallowing, their nutritional risk assessment guided staff on how to cut up a person's sandwiches so they could hold this themselves and take smaller bites.
- Where care staff had found people in their homes who had fallen, this was recorded, and appropriate action was taken to seek medical support. Risk assessments were reviewed following any incidents.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, where a person regularly refused to eat, a staff member described how they made the person a cup of tea and sat with them, talking calmly before offering them different choices of food again.
- We received positive feedback from professionals which demonstrated staff were committed to providing people with a good standard of care, despite any risks or challenges they faced. A professional described how staff had remained 'consistent' and 'determined' when supporting a person who was at high risk due to their lack of engagement with healthcare professionals.
- A business continuity plan was in place to ensure that individuals were prioritised in terms of risk during emergency situations.

Using medicines safely

- People told us they received their medicines as prescribed and on time. One person said, "They help me with my medicines every day. I have to have them on time and they always do them correctly."
- Staff were trained to administer medicines safely and had received regular medicine competency checks

to ensure they gave people's medicines in line with best practice.

- Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. A staff member said, "We sign for every tablet we give. If something changes with people's medicines or the MAR, we are notified by the office."
- People's care records included information about the level of support they required with their medicines; lists of people's prescribed medicines and information about who was responsible for ordering medicines.
- People had robust medication risk assessments in place and their individual preferences around taking medicines were recorded, which supported them to be as independent as possible. One person's care plan said, "I would like the carer to pop out my medication and place it in my hand, two tablets at a time."
- Where medicines errors had occurred, appropriate action was taken to ensure the safety of the person and reduce the risk of a reoccurrence.

Preventing and controlling infection

- There were processes in place to manage the risk of infection. Staff had received training in infection control and were aware of their responsibilities to minimise the spread of infection.
- Staff used personal protective equipment (PPE), such as disposable gloves, aprons and hand sanitisers, which were available for them to collect from the office.
- People told us staff had good standard of hygiene and wore appropriate PPE when completing care tasks. A person told us, "They have always got gloves and aprons on."
- Where appropriate, staff were kept up to date with any infection control information issued by the government in relation to best practice measures.

Staffing and recruitment

- There were enough staff available to keep people safe. The manager was clear they would only accept new care referrals if they had enough staff to meet people's needs safely.
- Staff told us staffing levels within the service were good and they were generally given enough time with people. One staff member said, "I never feel rushed. I do my job peacefully and within the time needed."
- Office staff used a computerised management system which detailed the staffing requirements for each day. This helped to manage any short notice changes to people's care and ensure care calls were covered effectively.
- Recruitment procedures were robust to help ensure only suitable staff were employed. Checks included a good conduct check from previous employers and carrying out a Disclosure and Barring Service (DBS) check.

Learning lessons when things go wrong

- A robust process was in place to record and review accidents and incidents. Where required, action was taken, and any learning was discussed and shared with staff to reduce the risk of similar events happening.
- A process was in place to analyse accidents and incidents and identify any patterns or trends.
- The manager knew how to seek support from external professionals when they required additional guidance. Staff recorded and informed the office team and relatives of any incidents when things might have gone wrong.

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 Good. At this inspection, this key question has remained the same. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People and their relatives told us they had been involved in discussions about their care planning. They confirmed that before providing care, staff sought verbal consent from people.
- From discussions with the manager and staff, they demonstrated an awareness of the MCA and understood how this affected the care they provided. One staff member said, "The main thing is, whatever we do for [people] should be in their best interest."
- Where people could not make their own decisions around specific areas of their care, the principles of the MCA were followed and the best interest decision making process was used. However, documentation in people's care plans was not always consistent. We discussed this with manager, who took action to ensure people had records of MCA assessments and best interest decisions in their care plans.
- Each person had an MCA summary in their care plan, which provided information about when they may have difficulty in making certain decisions and how staff should support them. For example, one person's plan said, "I like to be involved in every day decisions to do with my care. I like to be aware of what is going on every day, but sometimes I don't remember what has been said to me. I require a lot of patience from my carers, repetition is good for me."

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

- A comprehensive assessment was completed before the service started supporting people, to ensure their needs could be met. This included considering any risks and assessing for any specific equipment people may require.
- People's care plans contained details of their health, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.

- People told us they were happy with the quality of care they received. One person said, "They are like family, they look after me" and another said, "I am happy with the care, they do what they are supposed to."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- New staff received an induction into their role, which gave them the skills and knowledge they needed to undertake their role effectively. One staff member told us, "The training was good, I read through a lot of documents in the office and went out and shadowed others, so they visually explained how to do things too. I've also just completed the care certificate." The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff received a good standard of regular training and were confident in their abilities. Training included safeguarding, medication awareness, moving and handling and infection control.
- The manager or a member of office staff carried out regular spot checks on care staff when they were providing care in people's home. This ensured they were delivering care safely, respectfully and in line with best practice. A staff member said, "I had a spot check not long ago, it helped me look at where there was room for improvement and better myself as a carer."
- Staff told us they felt listened to and supported in their roles. They received regular supervisions and yearly appraisals, which aided their professional development and supported their wellbeing.

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

- People who required support to prepare their meals and drinks told us they were offered choice and staff knew their dietary preferences. One person said, "They make me breakfast, they sure know what I like, Porridge or Weetabix" and another said, "I have [ready meals], so I choose what I want, and they put it in the microwave for me. They always ask me if I want anything after."
- People's care plans contained information about any special diets they required and their food preferences. This included detailed information about where they liked to sit and spend time when eating their meals. For example, one person's care plan stated, "Whilst I am eating, I may like to have a conversation, or I may wish to eat alone. If I wish to eat without distraction, please provide me with any reading materials I may want."
- Staff considered people's cultural and religious needs around food and supported them where possible. For example, one person expressed it was important to have a specific type of food prepared for them fresh at each meal. The service adapted the person's care schedule to ensure staff who were knowledgeable of how to make the food could attend the care visit. Another person, who was unable to go shopping, was supported by a staff member who shared the same culture as them to purchase the items they needed.
- Staff supported people to eat and drink enough and people told us they made sure to leave snacks and drinks before they left.
- Each person had a nutritional risk assessment in place, which identified the level of support they required from staff in relation to shopping, preparing and eating meals. Where people required support from a dietician or GP, this was highlighted and acted upon. Staff used recording charts to monitor people's intake of food and fluids, which helped to ensure their nutritional needs were met.

Staff working to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely and person-centred care. There was good communication between staff based in the office and staff in the community to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care.
- People told us staff usually arrived on time and always stayed for the full length of their care visit. A relative commented, "They are a bit behind sometimes, but it's nothing too bad."

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives were confident in staff abilities to support them when they needed access to health care and professionals. One person said, "They are very good like that, they always ask how I am feeling and look out for me."
- People's care plans contained essential information about their general health conditions, current concerns, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed care to be provided consistently.
- Where people's health needs deteriorated, staff supported them to access medical support as required. We saw records in people care plans of referrals to health professionals that had taken place where appropriate.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required. One professional commented, "When I've had a client who needs equipment, [the staff] are first to say they have noticed and get in contact. To me that shows the carer communication to the office staff is very good."

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

- People were supported by staff, who were kind, caring and compassionate. The caring attitude of staff was reflected in the feedback we received from people and their relatives, who described staff as 'friendly' and 'very nice people'.
- Staff had built positive relationships with people and were attentive to offering them support when needed. One person said, "[Staff member] is very nice, I like her a lot we have a laugh, a chat and a joke." Another person commented, "[Staff member] is a lovely lady, she is fantastic. She knows exactly what to do, there is nothing that lady doesn't know, she is the best carer I've ever had."
- Staff understood people's care needs and any associated risks to make sure they received compassionate care. One person regularly refused to eat and was difficult to engage with at times. Staff had worked hard to build a good relationship with the person and left drinks and snacks around their home to help them stay healthy. A professional commented, "If [the person] moved to a different room, there was a visual reminder there to prompt them to eat and drink, I thought that was really good."
- Staff demonstrated genuine affection for supporting people to improve their lives. Most people received care from a consistent group of care staff which meant they had got to know people well. A staff member told us, "My clients, they need love and they need care. I love the people I support, it is very important to help them."
- Staff were skilled in supporting people who were living with dementia, showing empathy and responding to their changing needs. A staff member said, "If they are confused, I tell them what I am doing next; I explain what I'm there for and try and make them as reassured as I can." People's care plans contained clear and respectful information about how their memory impairment affected their daily lives and the best way staff should support them.
- Where staff provided care to a new person using the service, they were provided with enough information about the person's care needs and preferences. This meant they would know important information about the person to ensure they were able to meet people's individual needs.

Respecting equality and diversity

- Individuality and diversity were respected. People who used the service and care staff employed came from a range of different backgrounds and cultures. There were many examples of people and staff being matched according to their culture, religion and native language. For example, care staff sang with one person in their native language during care visits, to make them feel more comfortable when providing personal care.
- Staff worked flexibly to accommodate people's cultural and religious needs. Where a person of a certain

religion completed prayer at set times of the day, this was respected by staff, who made sure they provided care around these times and did not disturb the person.

- Staff had received appropriate training in equality and diversity and were open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against.

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

- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required.

- Staff understood when relatives had an important input with decisions about people's care and this was respected. A relative who was concerned about their family member's nutrition told us how staff were attentive to supporting them to eat well; they commented, "They listen to what our needs are, [my relative] tells me they always leave him food, so they definitely take things on board."

- The manager and office staff had regular contact with people on the telephone, visiting them in their own homes, or when carrying out spot checks of staff. This enabled them to seek people's views, review if any changes were needed and check if they were happy with the service they were receiving.

- Staff recognised the important of supporting people to make decisions about their care as much as possible. One staff member told us, "All the time I let people have choice, like their clothes or meals. I ask them 'are you happy with this?'"

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. For example, by ensuring doors were closed and people were covered up. A person said, "Oh yes, they always make sure the curtains are drawn."

- People were encouraged to stay as independent as possible in their daily routines. Care records had detailed descriptions of people's needs and abilities to make sure staff supported them to maintain their independence. For example, one person's care plan highlighted they could wash their face and upper body independently but had trouble reaching their legs and feet, so needed support from staff to wash their lower body. Another care plan reminded staff to make sure a person's stair lift was left in a position on charge, so they could use this to access the bathroom when staff were not present.

- Staff described how they supported people to maintain their abilities. One staff member told us, "I encourage people to do things for themselves. If they can move their hands well, I give them a flannel to wash their face and support where needed. It is very important for them to stay independent."

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 received individualised care and support, which gave them choice and control. One person told us, "They come in the morning, help me wash, get me dressed and get my breakfast. Whatever I want, they do it."
- Care plans were focussed on people's lives and how they wished to receive their care according to their preference. These identified key areas of needs, such as, personal care, daily living activities, dressing, meal preparation and health issues. Daily records showed people received care and support according to their assessed needs.
- There was lots of detail in people's care plans which ensured they had control over their care routines. For example, one person's plan described how staff should support the person at night to make sure they had everything they needed before they left, including laying out their night clothes. The plan further stated, "I will get changed into [my nightwear] when I am ready to take myself to bed later at night."
- People had a 'one-page profile' in place which highlighted their likes, dislikes and social needs. For example, one person's profile said, "I like to sit in my armchair and watch the buses and cars go by on the main road in my bedroom" and another said, "I like company and I am very social. I love to chat and have a laugh with my friends and carers." This information helped staff to get to know people better and understand what was important to them.
- Most people were supported by a regular group of staff, which helped staff to build good relationships with people. One person said, "My carer in the morning doesn't work Sunday, but that is the only day I don't see her, she is brilliant. Everyone else who comes in the evening is good too."
- The provider used technology to enhance people's experience of care and support. Office staff used an electronic care system to manage any changes to people's care. Staff had access to a version of the system on a secure app on their mobile phone, which allowed them to view people support plans and key information about their care needs.

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 were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. One person's care plan said, "'I am not hard of hearing, but I do need my family and staff to repeat things to me because my short-term memory is not very strong anymore."

- Staff were aware of people's communication needs and knew how to support them appropriately to enhance their wellbeing. For example, staff supported one person with a hearing impairment to communicate using a whiteboard. We learnt the person had initially been reluctant to receive care due to their frustrations in the past with communicating, however they were now enjoying their care and had built good relationships with staff.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. The manager described how staff worked with external agencies for people with sensory impairments to further support and signpost them.

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 were supported to develop new friendships and maintain existing ones to prevent social isolation and loneliness. People's care plans contained a section on relationships, so that staff knew who was important to them and the role they played in their daily lives.
- Staff encouraged people to maintain their interests, particularly in the local community. They took action to remove barriers when people faced challenges to access activities that were important to them. For example, one person was supported by staff to attend a support day centre regularly in relation to their health condition. As the person spoke a particular language, care staff who could also speak this language often attended the centre to provide personal care and had good contact with staff at the centre to support the person when needed.
- People were supported to maintain activities that were culturally relevant to them. One person's care plan included information about their weekly singing group at a Church. The plan guided staff on how to support the person by making sure their mobility equipment was accessible and where it should be so they could get to the group on time.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. People had a 'SureCare Guide' in their homes which provided them with key information if they wished to make a complaint or raise any concerns.
- The provider had a robust system in place to act on any concerns or complaints that had been received. We looked at complaints records and found they had been dealt with in line with the provider's complaints policy.
- Complaints records showed that concerns raised were used to learn and improve the service provided, such as identifying staff training needs.
- The manager, office staff and care staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly.

End of life care and support

- At the time of our inspection, no one being provided care with the service was receiving end of life care. However, the manager provided us with assurances that people would receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- The manager told us they worked closely with relevant healthcare professionals and provided support to people's families in a sensitive manner when people were at the end of life. They were taking action to ensure people's specific end of life wishes were captured and recorded.
- Staff confirmed they were supported appropriately with enough information of people's preferences, to provide a good standard of care at the end of people's lives.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place, consisting of the provider, the manager, care coordinators, the team leader and a senior carer. Each had defined roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, complaints and equality and diversity.
- Quality assurance systems and audits had been developed to assess, monitor and improve the service, which were monitored by the registered manager and office team.
- The provider worked closely with the local authority to monitor the standard of care provided. They visited the service regularly to complete quality monitoring checks, and we saw that any issues identified had been acted upon.
- Since the previous inspection, a new manager had been appointed. At the time of the inspection, they had started a process with the CQC to become the registered manager of the service. Staff spoke positively about the manager and the way the service was run. Comments included, "She is really nice and very helpful, she is available anytime for us", "She is a very good manager, any time I need help or advice, I can call and she will support me" and, "If I go straight to [the manager], she will follow it up straight away."
- The service used an electronic care management system to manage care visit schedules, record any changes to people's care and record correspondence with people, their relatives or professionals. If any care calls needed to be covered, an alert would flag this to the office team, and they took action to address it. The system was also used to effectively monitor and manage care plan reviews, staff spot checks, supervisions and training, which ensured they were completed within an expected time frame.

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

- There was an open culture within the service. The manager and staff were committed to providing people with individualised care which met their needs and preferences.
- People were happy with the service provided. One person said, "It couldn't be better" and another said, "I'm generally quite happy, I've got no problems."
- Relatives told us they felt their family members were well cared for and they were happy with the care provided. We saw feedback from a relative which stated, "I cannot say what a difference [SureCare] have made to [person's] life this year and can only send you our heartfelt thanks for making it possible for them to stay at home as long as they did."
- Most people told us they did not have a lot of contact with the office staff team, however they were

confident to raise any issues with them and felt these would be acted on appropriately. A person said, "If I have an appointment and would like [staff] to come earlier, I can ring up and they get someone in at a different time. That's always been fine."

- Staff were motivated in their roles and it was clear they enjoyed caring for people. One staff member said, "It's not just my professional, it's my passion. Helping [people] gives me so much satisfaction, it is really inexpressible, it is a kind of bliss I feel when I help someone."
- Staff felt valued and were recognised for doing a good job. A staff member said, "I like doing care. They reward us and give us compliments." We saw examples where staff received positive feedback from people, this was passed on to the staff member.

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 understood their responsibilities under the Duty of Candour. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- There was an open-door policy. People felt confident to contact the office to speak to the manager or a member of office staff about their care. One person said, "[The manager] is lovely. If I had a problem and wanted to speak to her, she would talk to me and sort it out right away."
- People were asked to share their views about the service through care review meetings, telephone contact and annual surveys. The provider had analysed the most recent survey results to identify any issues or concerns that required addressing.
- Staff were given the opportunity to give their feedback about the service through staff meetings and surveys.
- People's protected characteristics, including sexuality, religion, race and disability, were respected and supported.

Continuous learning and improving care; Working in partnership with others

- The manager or office staff monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- The manager was supported by the provider, who regularly monitored the quality and safety of the service.
- The provider had subscriptions with key organisations in the care sector and regularly attended meetings held by the local authority and SureCare head office. This helped to ensure they stayed up to date with best practice and guidance.
- There were systems and processes in place to monitor complaints, accidents, incidents and near misses. If a pattern emerged, action was taken to prevent a reoccurrence. All learning from incidents was shared with staff appropriately.
- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. A professional told us, "SureCare staff have been proactively in raising concerns to professionals and have engaged in professional's meetings to ensure that [people] are supported effectively."