

Seven Day Care (UK) Limited

SureCare (Southend)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The announced inspection took place on the 20, 22 and 23 December 2016.

SureCare (Southend) provides a reablement service, personal care and support to people in their own homes. At the time of inspection there were 109 people who used the service.

The service is required to and did have a registered manager. 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 branch manager responsible for daily operations, had been newly appointed three weeks prior to the inspection. They had identified the need to improve systems to provide assurances that staff received support and adequate training regularly. To address this matter all staff were required by the organisation to complete another induction to the service within a three month timeframe. Therefore further work and time was needed to complete the processes to be able to evidence that all staff had the knowledge and skills to carry out their roles and responsibilities effectively.

The service needed to improve their monitoring systems. Systems were in the process of being developed and implemented to achieve robust quality monitoring of the service. An effective leadership team had been put in place although more time was required to embed these monitoring arrangements within the service.

People's safety was ensured and care was provided in a way that intended to promote people's independence and wellbeing. Staff supported people with the administration of their medications and management responded to medication concerns robustly and appropriately. There were sufficient numbers of staff to provide people with either; general support with daily needs, or reablement to significantly improve people's health, with an aim to increased independence. A robust recruitment process was in place and staff were employed upon completion of appropriate checks.

Staff supported people to attend healthcare services when required. Staff also worked with a range of external services, such as social workers, occupational therapists, physiotherapists and GPs, to adopt and implement necessary care and support plans for the improvement of people's health.

Staff understood their responsibilities and how to keep people safe from harm. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). The registered manager knew how to apply such measures appropriately.

Staff were respectful and caring towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to carry out their own choices to

increase and maintain independence. The complaints system was used as a tool to identify and develop areas of improvement and to actively listen to people's concerns or worries.

Systems were in place to make sure that people's views were gathered. An effective leadership team had been put in place to execute the analysis and action plans developed from people's views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe being supported. Risk assessments and support plans were implemented to ensure peoples safety.

People were prompted or supported to take their medications safely. Management responded to discrepancies immediately.

Appropriate checks had been carried out making the recruitment process effective in recruiting suitable staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were underway to provide assurances that all staff had the appropriate knowledge and skills to support people safely and effectively. However further work and time was required to complete these improvements.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected and gained consent to care.

People were supported to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respectfully.

Positive relationships had been built between people and support workers.

Staff understood how to respect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

The reablement service responded to people's needs in a person centred way to enhance their health and wellbeing.

Support plans were being reviewed and developed for ease of use by people and support workers.

Complaints were responded to in line with service's policy and procedure.

Is the service well-led?

The service had not been consistently well-led.

There had been a lack of leadership within the service. Effective monitoring systems were in the process of being developed and implemented. More time was required to embed these systems and processes robustly.

Staff felt supported within their roles since the restructure of management team.

There were systems in place to seek the views of people who used the service.

Requires Improvement 

SureCare (Southend)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected SureCare (Southend) on the 20 and 23 December 2016 and the inspection was announced. The provider was given notice because the service provides a domiciliary care service and we needed to ensure that someone would be available. On 22 December 2016 we spoke with people who used the service and their relatives as part of our ongoing inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also focused our reviews on safeguarding concerns reported to CQC. We used this information to aid the planning of our inspection. The provider also 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 spoke with nine people who used the service, four relatives, eight members of staff, the branch manager and registered manager. We looked at management records including samples of rotas, 10 people's individual support plans and risk assessments, five staff recruitment and support files, training records and quality assurance information. We also reviewed audits of four people's medical administration record (MAR) sheets.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh yes, I feel quite safe with them [staff]. I can call on them whenever I need help." Another person said, "I am happy and feel safe, they [staff] always make sure my house is secure." Relatives consistently told us that they knew their relatives were safe when support was being provided by staff from SureCare (Southend). One relative told us, "It is a concern living far away. But yes, I feel content [person's name] is safe in their [staff's] care."

People were kept safe by staff who knew how to recognise signs of abuse. Staff told us what they could do to protect people and knew different types of harm or abuse people may be at risk from. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff explained to us how they were confident to raise concerns regarding people's welfare and had successfully done so in the past to protect a person's safety.

The registered manager and branch manager had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. The registered manager had sent statutory notifications to the CQC regarding safeguarding concerns within the location. The incidents had been dealt with appropriately and all necessary steps were taken to ensure people were safe and protected from potential harm.

Formal and informal methods were used to share information on risks to people's care, treatment and support. Risk assessments were in place in people's support records. Support workers told us how they regularly saw the same people so as to provide continuity of care; understood people's needs well and updated their team leaders and care co-ordinators if they identified any risks or a change in support was required. Staff also told us that they are updated if changes are made to people's support via daily notes, emailed memos, phone calls and face to face communication. We saw one support worker update their team leader about one person's mobility needs. The team leader acted appropriately by contacting relevant person's to address the change and risk. People consistently told us that they were supported safely by staff that had the information they needed to perform their role. One person told us, "They lift me into the chair with the hoist and I do feel very safe."

Risk assessments and practical approaches to keep people safe had been discussed with them and their relatives and documented in support records to allow staff to manage risks appropriately. However, one relative reported to us concerns that the support plan was not kept at up to date. The registered manager and branch manager responded immediately to concerns and arranged a care review with the person and their relative.

There were sufficient staff employed to keep people safe. The registered manager showed us documentation which demonstrated how they had ensured sufficient staff were employed to meet people's needs. Staff told us that they felt although days were busy there was enough staff to meet the needs of people. The care co-ordinator and registered manager explained how support workers were deployed effectively. Where necessary support workers visited people's homes in groups of two to mitigate against

factors such as traffic delays. The service had instructed support workers to follow the same pattern of visiting people each day to avoid erratic call times for people. People told us, "They are always generally on time," and "They are near enough on time, they come at 08:30 every day." We were told by two relative's that concerns had been raised to the management team that call times were being incorrectly recorded by staff and did not truly reflect the time spent in people's houses. The registered manager and branch manager told us they had identified the need to monitor visit times more robustly. Although a telephone call system was currently being used the registered manager was investing in a new system which would allow staff to log in and out of visits from personal issue mobile phones. The new system also allows for staff and the management team to receive 'real time' information which increases safety aspects for staff and people.

An effective system was in place to recruit staff safely and relevant checks were carried out before a new member of staff started working at the service. The recruitment procedure included processing applications and conducting employment interviews. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The registered manager and branch manager advised us that although they had sufficient numbers of staff they were actively recruiting to respond to the growth of the service. Although they stressed that growth of the service would be controlled to ensure a continued safe service was provided. The registered manager advised us that although they do not use external agency staff they have good relations with an agency should the need arise for the contingency of additional staff. We looked at documentation which demonstrated disciplinary procedures were followed effectively where staffs conduct was not of a satisfactory standard.

Medication management in the service was safe and where needed management response to concerns was robust and appropriate. For example concerns had been raised by relatives regarding inconsistent recording of people's administered medications. In response the provider had taken action to retrain staff. We spoke with the team leader responsible for the auditing of medication administration records who explained how and what checks they perform monthly to ensure safe administration of medicines. The team leader was relatively new in post and told us they were working collaboratively with the branch manager to make improvements, to the current medication risk assessments as well as the recording and auditing of medications. The majority of people who used the service and relatives told us they self-medicated or required prompting by staff which was indicated in people's support plans. Minimal people required medication to be administered by staff who had received training in medication administration and management. We were satisfied that the senior staff, the branch manager and registered manager responded appropriately to errors to ensure people's medications were managed safely.

Is the service effective?

Our findings

People consistently told us they felt supported by competent and knowledgeable staff. Although staff told us they felt confident in their own abilities to perform their duties and were able to ask for help when required, there was inconsistency in the levels of adequate knowledge and skills acquired throughout the workforce. For example, not all support workers had received practical training in the skill of catheter care. The branch manager responded to concerns and immediately booked the necessary support workers on to a certified training course using external training resources. Additionally, although staff told us they received refresher training which the registered manager echoed and that training workshops were provided to staff; there was a lack of documentation to demonstrate when staff had received some of their training. The branch manager told us that they had identified the need to document staff training more robustly so as to identify any areas of improvement.

As a result, since their appointment as branch manager, they had begun a process to redo all staff inductions which incorporated refresher courses of mandatory training. The branch manager stressed to us that they had wanted to assure themselves that all support workers had sufficient knowledge and skills and that best practice was being followed by all staff. They told us, "To be a safe and effective service, you need to make sure everyone has the knowledge to do it right." The re-induction process was ongoing and the registered manager advised that it would be completed for all staff within three months. The management team recognised that further work and time was needed to complete the processes to be able to evidence that all staff had the knowledge and skills to carry out their roles and responsibilities effectively.

The registered manager also advised that in January 2017, four senior staff members were being enrolled on 'train the trainer' courses which would aid in the provision of continued regular refresher courses for support staff. In addition to the re-induction and refresher training, supervisions had been undertaken for all staff since the branch manager's appointment. We saw records of supervisions in staff support files which detailed discussions had been had regarding the understanding of service policies, future professional development and training needed and any other issues that staff needed to address. The branch manager told us how they had planned supervision with each support worker as soon as possible to meet them personally and address any concerns they may have had. It was clear the branch manager and registered manager understood the importance of supporting staff effectively in their role to ensure people were cared for by motivated and happy staff. Staff told us how they felt confident in managements' plans to provide support and develop their knowledge through regular supervisions, training courses and workshops. Staff were also being supported to advance to higher levels of qualifications and the registered manager confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff.

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. The registered manager was aware of the Mental Capacity Act 2005 and what they would do if

people needed to have assessments of their capacity and how they would involve social services with this. The branch manager was also in the process of improving people's support plans by incorporating mental capacity assessments which detailed specific decisions people lacked the capacity to make and how support staff would act in their best interests with the involvement of appropriate persons. People's support plans were signed to demonstrate they or their lasting power of attorney consented to the care they received. People also told us that the support workers always asked their consent before carrying out any duties in their home. This told us people's rights and choices were respected.

People were supported with their dietary needs. One person told us, "They always make sure I have enough to drink between visits." Another person told us, "They ask me what I want to eat and they will always bring me what I fancy."

People were supported to maintain good health. We spoke to two support staff who had been trained to form part of the reablement service to people. They told us how rewarding they found their role by supporting people in the improvement of their own health. They told us how they attended regular multidisciplinary meetings with health professionals to provide progress reports and ensure the correct support and treatment was being adopted to improve and maintain people's health and independence in their own home. In addition the service worked flexibly to meet people's healthcare needs. One relative told us how the service would change visit times to accommodate health appointments for their member of family.

Is the service caring?

Our findings

People were treated with kindness in their day to day care. People and their relatives we spoke with thought that support workers were kind and caring in their approach. A person told us, "I'm always given a very good service. The quality of care is very good and everyone is always very kind." Another person said, "They [support workers] are all very nice, respectful, yes, I am happy with them." A relative said, "On the whole our experience has been good with SureCare." We saw correspondence from one relative that praised a support worker for their excellent caring skills.

Staff had positive relationships with people. A support worker told us, "It's hard not to get too attached to people, you create good relationships with people quickly when you are supporting their needs." People and relative's told us they liked the staff who supported them. One person said, "I rate them 100%." Another person told us, "I have been in the care industry for many years so I know what good care is and they are great." Relatives of people with more complex needs told us that they always had the same team of people that supported them. One relative told us, "Most of the support workers have been with us for a long time so they know us very well." Staff told us that they supported one another to meet people's needs. For instance if a team were delayed supporting someone for a longer period, another team would ensure that all people's visits were made. One person told us, "I am allocated 45 minutes for my visits but sometimes this is more if I'm having a difficult day. I'm very grateful."

The registered manager and staff supported people to express their views. The registered manager and branch manager were aware of advocacy services that could be appointed to aid people's voice to be heard. Relatives and people told us that they received regular questionnaires from the service to gain their opinions and views of the care being provided to them. One person told us, "I have had lots of questionnaires and every time I always write how good they [SureCare] are." The branch manager, registered manager and support workers listened to people's needs and worked together to make adjustments if need be. A team leader told us, "I record in a person's file and the communication log any discussions I have had about their care and what action has been taken. Building positive relations between staff, people and relatives is so important to make sure everyone's views are acted on." The branch manager told us how issues had been raised about the personality compatibility between a support worker and a person being supported, prompt action was taken to rectify the situation. This demonstrated how decisions made by people were being honoured.

Support workers we spoke with understood how to respect people's privacy, wellbeing and dignity. One support worker told us, "I care and respect people like I do my own family." People and relatives told us that staff who supported them treated them and their homes respectfully. One person told us, "They [support workers] are very respectful of my privacy and I feel safe with them." Another person told us how support workers always maintained their dignity by drawing the curtains when they carried out personal care.

Is the service responsive?

Our findings

Staff supported people to increase their independence and choice was listened to by staff. This ensured people's individual preferences were supported, such as travelling within the community. One person told us how the service supported their independence by support workers accompanying them to health appointments. They told us how they could drive to appointments but support workers travelled with them to support them with needs during the appointment. The person was very pleased with this personalised support provided.

Before people used the service their needs were assessed, by the branch manager and another member of staff. The branch manager and registered manager stressed the importance of the pre assessment stage to ensure that the service could meet the people's needs. They told us how they have learnt to strive for a robust pre assessment to enable the service to be more selective to ensure they can meet the needs of new people without impacting on people's existing care packages.

Documents we saw from the pre assessment process indicated that people and their relatives had been spoken with to ensure the service was suitable for their needs. People and relatives confirmed that although their needs had been discussed initially, support plans had been created and amended when changes in need arose but regular review meetings had not taken place. People were aware of their support plans and consistently told us they were kept in their homes and used by support workers. However, one relative reported to us concerns that the support plan was not kept up to date. The registered manager and branch manager responded immediately to concerns and arranged a care review with the person and their relative. The newly appointed branch manager also advised us that they had identified how people's support plans had been reviewed when changes in need arose but would be implementing regular six monthly reviews with people and their appropriate person's to ensure all their risk assessments and required support remained current.

Furthermore the branch and registered manager informed us that all support plans were in the process of being reviewed and improved upon. Support plans were being developed to ensure they were more user friendly for support workers and easy to read for people. The branch manager told us how these changes were to aid regular open discussions with people regarding their support plans and the provision of care they received.

People's care and support needs were well understood by the service. The reablement service is provided to people for six weeks with the aim to work collaboratively with other health professionals to improve people's health and independence and decrease need for support. One support worker told us, "If we feel people are improving and they are becoming more independent we will report this so their provision of care can be decreased. Equally if people need more help and support from us I will report this so that their support is increased or continued." The personalised reablement service enabled people's health to improve greatly. One relative told us, "The support workers visit us four times a day now, the time was cut down but has since increased again as it was needed." One person told us, "I'm so grateful for their [support workers] help. When I came out of hospital and they first started to come and visit I was lying in bed all the

time, but now I can get up and answer the door myself." Another person echoed similar reports of being able to sit in a chair now rather than remaining in bed. A support worker told us, "People come out of hospital with nothing; we introduce equipment and support them to use it which helps them improve. They start to not need the equipment and become more independent. It's so nice to see people improving."

When people's provision of support is reviewed after six weeks some people migrate from SureCare's reablement service across to use the domiciliary service. People and the registered manager explained the transition of support services is smooth as people's needs are already known to the service. This demonstrates that whilst attempting to increase people's health and independence a continuity of care is considered.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The registered manager advised that in the last 12 months there had been 15 complaints. The registered manager advised that formal complaints are all dealt with directly with people, at council level and/or corporate level. We saw that each complaint had been addressed and a subsequent action plan devised. Each recorded complaint was responded to in a timely manner. The registered manager stated and we saw that a log was kept recording all complaints to help identify any themes which could drive improvements and learn from people's experiences.

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager informed us that restructuring and rebranding of the service had commenced in June 2016. It had taken considerable time to recruit a branch manager that was competent to undertake the duties required of them. A branch manager had been appointed three weeks prior to the time of inspection. However during the restructuring period, a decline in the governance and quality monitoring of the service had been recognised by the registered manager. This was recognised by an increase in concerns raised by people and relatives. One person told us, "The support workers all do their best but there has been a lack of effective management."

There had been a lack of oversight with regard to the monitoring of systems which had compromised the quality of the service. For example, there was a lack of documentation to demonstrate that staff had received all the necessary training to support people effectively. Additionally, missed and late calls had not been monitored robustly to ensure the provision of people's care. The registered manager and branch manager had begun developing and carrying out systems to address these matters. The re-induction of all support staff was underway and a new system was being implemented which would allow staff to log in and out of visits from personal issue mobile phones. Thereby, allowing calls to be monitored in real time and more robustly.

The registered manager spoke passionately that an increase in concerns raised by people had enhanced the reason why it had been so important to take the necessary time to recruit the correct branch manager. The registered manager provided assurances that the new management structure within the service would provide solid foundations to drive improvements with particular regard to robust recording and data management systems. We saw that the registered manager and branch manager had developed a good working relationship in a short amount of time to work collaboratively to make improvements. The branch manager told us that they had identified communication issues and staff training needs which were being addressed primarily. Nevertheless, management had recognised that developments were still on-going and time was needed to embed robust systems and processes within the service.

Support workers told us there had been a lack of leadership prior to the appointment of the branch manager. One support worker told us, "We weren't sure if [registered managers] name was going to be able to do everything they have said, but so far they have and it's already so much better." Another support worker told us, "There seemed to be a lack of oversight, but now there is more structure for us." We were assured that leadership within the service was visible and that they understood their responsibilities to develop a workforce who all shared an understanding of the same challenges and to work together to overcome them.

A positive and open culture was being developed within the workforce. Support workers consistently told us they felt supported by the new management team. Every support worker we spoke with told us they had already had a one to one meeting with the branch manager to discuss any areas of concerns and gain feedback to improve the service for people and help their professional development. Support workers also told us that they felt confident approaching the management team with any concerns. Despite a period of

ineffective leadership the support workers we spoke to had retained SureCare's vision to provide a care service which enabled people to continue living in their own homes as long as possible. One support worker told us, "We are trying to give people back their independence and keep them safe." Another support worker told us, "It's our job to motivate people to increase their independence. It's very fulfilling work especially the reablement side of things."

Open communication with people that use the service was encouraged. Although there had been reports to us of ineffective management within SureCare (Southend) people did tell us that the registered manager was extremely approachable. One relative told us, "[Registered manager's name] has rebranded the service. The support workers look very smart in their new uniforms. I have such a good relationship with [registered manager's name] I give direct feedback to them about the carers that come here. [Relative's name] and I are very happy with the service, they are fantastic." People consistently told us they felt they could approach the service with any concerns they had. Furthermore people told us their concerns were always addressed by the registered manager.

The registered manager advised that satisfaction surveys were distributed to people on a quarterly basis to gain people and relatives' views. We saw the report that was produced from the analysis of 52 responses in November 2016. The report demonstrated how the service was using the satisfaction surveys as a tool to drive improvement. For example 17% of people reported that they weren't always notified if a support worker was going to be more than 30 minutes late. The registered manager had addressed these concerns and had communicated to staff the importance of good communication to be able to respond to concerns immediately and reassure people. The majority of people told us that their support workers were rarely late and contacted them if they were going to be, although two people told us they were not always contacted by the service regarding lateness. The registered manager advised us that the implementation of new call monitoring systems would address these concerns further.

The quality of the service was monitored in a number of ways. Quarterly action plans were produced by the service. We saw the most recent report which detailed objectives to be completed, in line with fundamental standards, within specific time frames. The registered manager also told us that they worked closely with the local authorities to ensure regular review of their provision of services. We spoke with the local authorities who advised that overall SureCare (Southend) provided a good service.