Acucare Limited

SureCare Trafford

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
SureCare Trafford is a domiciliary care agency that provides personal care and support to people living in their own homes. Not everyone using SureCare Trafford receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. When we inspected the service was being used by 16 people.

People's experience of using this service:
People and relatives told us the service was caring, well-led and the staff knew them well and respected their needs and preferences. People told us they felt they received care in a safe way and that staff were helpful and reliable. We were told that staff were "lovely" and "like mates really".

There were sufficient numbers of suitably trained and skilled staff working with people to meet their individual needs. Staff had received induction and a range of other training and support to enable them to carry out their work and support people safely. Only staff who had received training in medicine administration could give medicines. We were told, "They're absolutely competent."

The service had a thorough recruitment process to help ensure new staff were suitable to work with people in their homes. The provider had safeguarding systems and staff we spoke with were aware of the procedures for keeping people safe and had received training on it.

There were effective systems for assessing and managing risk to help make sure all were kept safe from foreseeable risks. Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training on infection control.

Care was delivered in a personalised way which was in line with information recorded in people's care plans. People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. We were told, "I feel like they'd respond to anything."

Procedures were in use for assessing a person's mental capacity in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were aware of how to raise concerns or complaints. Complaints received had been investigated and responded to in line with the provider's procedure.

Staff worked with health and social care professionals to support people and families when people were approaching the end of their lives. People's spiritual needs and beliefs were explored with them and staff respected these.

People and their relatives were happy with how the service was managed. Care staff told us the management team in the service set high standards. Checks and audits were carried out to determine the quality of the care and people who used the service were asked for their views on service provision.

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

Rating at last inspection: This service was registered with us on 25 June 2018 and this is the first inspection.

Why we inspected: This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor intelligence we receive about the service and plan to inspect in line with our inspection schedule for those services rated good. If any concerning information is received 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?

Good

The service was safe.

Details are in our safe findings below

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

SureCare Trafford

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
SureCare Trafford is a domiciliary care service providing support and personal care to people in their own homes. The service is required to have a manager registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the service did not have a manager registered with us, although a suitable manager had been recruited and was in the process of registering with us as the manager.

Notice of inspection:
We gave the service 24 hours' notice of the inspection site visit because this is a small service and we needed to make sure that the appropriate people would be available and to allow time for consent to be obtained for telephone calls.

Inspection site activity started on 4 June 2019 with a visit to the location and ended on 13 June 2019 following telephone calls to people who used the service and staff and after giving feedback to the provider.

What we did before the inspection:
Our planning considered information we held about the service, including information about incidents the provider must notify us about, such as safeguarding. We looked at issues raised in complaints and how the service had responded to them. We sought feedback from the local authority and commissioners of the

service.

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 this information to plan our inspection.

During the inspection:
We looked at the care plans and assessment records kept for people. We spoke on the telephone to four people using the service and with two relatives to ask about their experience of the service and the care provided. We spoke with three care staff by telephone for their experiences of working for this service.

We also spoke with the directors of the service who were also the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care coordinator. We looked at six care records in detail and a selection of other records including quality monitoring records, training records, policies and procedures and recruitment records for the staff employed.

After the inspection:
We continued to seek clarification from the manager to corroborate what we found. This included confirmation of the training staff had completed, the current statement of purpose and information on complaints. This was received, and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
•The provider had effective safeguarding systems and procedures in line with local authority guidance to protect people from avoidable harm. Staff were aware of these and understood their responsibility to keep people safe.
• People who used the service told us they felt safe receiving care from the staff. We were told, "Yes, I feel very safe" and "They [care staff] are all very helpful and reliable." Relatives were also positive about the service and commented, "Yes, they [relative] are absolutely safe."
• The registered manager understood their responsibility to report abuse to the local authority safeguarding team where it was identified. Staff told us they were confident the registered manager would act quickly if they reported any concerns.

Assessing risk, safety monitoring and management
• The manager had carried out detailed needs and risk assessments with people before they started to use the service. This was so they could identify any foreseeable risks and make sure staff could meet the person's needs.
•The assessments of risk included people's medicines, falls, mobility, equipment in use, fire safety and the environment people lived in.
• None of the people we spoke with felt that there were any direct risks that were not being well managed. One relative mentioned how well the service was managing their relative's behavioural issues.

Staffing and recruitment
• Rotas showed there were enough care workers to flexibly cover the needs of people who used the service. We were told by people and relatives how reliable the staff were. One person commented "They always ring to say if someone will be late."
• People confirmed the staff knew them and their routines and they usually had support from the same group of care staff who stayed for the correct time. This helped to maintain a consistent level of service provision.
• The provider followed safe recruitment processes and had carried out checks of suitability to work with vulnerable people. All had the necessary documentation such as Disclosure and Barring Service checks, references and proof of identity.

Using medicines safely
• Medicines were managed safely and administered by staff who had received the appropriate training to do so.
• People received their medicines when they should and in line with the service's policies and procedures. People's care plans contained information on the support people needed to take their medicines safely.

• The manager recognised the need to ensure people remained as independent as possible with taking their medicines. Staff only prompted the person or administered the medicines when the person needed assistance. One person told us, "They [staff] make sure I take my medicines alright."

Preventing and controlling infection
•The service had a policy in place on the control and spread of infection and staff were given training on infection control and food hygiene.
• Staff were provided with personal protective equipment [gloves and aprons] for use during personal care. People who used the service told us that staff wore these when providing personal care. One person said, "They cream my legs and they always wear gloves."

Learning lessons when things go wrong
• Medication errors had been acted upon appropriately and used to learn from and improve systems. Records of investigations into medicine concerns included measures to underpin staff training and reduce future risks.

Good

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.

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 with appropriate legal authority. Where people are deprived of their liberty in their own home applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.
• People's consent was sought by the manager for the care and support to be given before care started.
• Staff had received MCA training, understood the principles and assumed people had the capacity to make decisions, unless they had been assessed otherwise.
• People told us they were always offered choice and control over the care they received, had been consulted with and had agreed the level of care and treatment provided by the service.
• A care staff member told us "I talk through the process [with service users] before I do anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care and support was planned, delivered and monitored in line with people's individual assessed needs and according to their preferences and lifestyles.
• Staff had regularly reviewed people's care plans and where changes had occurred in their needs or wishes this was shared and plans updated. This helped to make sure information in people's plans remained current.

Staff support: induction, training, skills and experience
• Staff received training relevant to their roles to help ensure they were skilled in the delivery of the care people needed. Staff had regular meetings that supported them in their work.
• Records and staff confirmed they had received induction training and ongoing supervision and support to carry out their work. Staff told us, "We had lots of training, medication, safeguarding and such. We do shadowing and refresher courses too."
• People spoke positively about the skills of the staff supporting them and told us, "They [staff] are absolutely competent, I feel so safe with them" and "They are very well trained and very confident."
• The manager and senior staff monitored and spot-checked staff practices in people's homes to help to

make sure staff applied their training effectively line with the provider's procedures and accepted best practice.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff had assessed people's nutritional and hydration needs and supported people to have a balanced diet.
• People told us that staff supported them effectively with their nutritional needs, where it was required. For example, ensuring people received a diet in line with religious observance.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
•The service provided consistent and timely care and treatment. We found evidence in people's care plans that they had access to external health care professionals and community services when they needed them. We saw examples of staff working in partnership with other agencies to communicate any concerns via the persons GP, the district nurse or by taking advice from specialist nurses such as on tissue viability and skin care.
• People told us staff acted quickly if they needed any help or were feeling unwell. We were told, "They get in touch with my doctor or anyone else if I need them to." Another commented "They [care staff] come up with suggestions of things that might help me."

Adapting service, design, decoration to meet people's needs
•The service was managed from an office close to local amenities and contained the necessary equipment to keep information secure and for its effective running.

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.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People who used the service gave us positive feedback about staff and the person focused service provision. People praised the staff commitment and told us, "They [the service] go above and beyond" and "The care I receive at the moment, well I couldn't ask for anything better."
• The manager and staff recognised it could be difficult for people to come to accept needing help and they worked hard to build supportive and trusting relationships. Feedback from people and relatives supported this. We were told, "[Carer] makes sure we are both ok, even though they are just there to look after me" and also "The [carer] we have is a gem in their own right."
• Care staff knew people and their relatives very well and their individual preferences. Staff used this knowledge to communicate with and support people in the way they wanted.
• People told us that staff respected them as individuals, which they clearly valued highly. We were told, 'It's like having a mate, it's lovely" and "They [the staff] are absolutely out of this world."
• We saw examples of how staff worked in the way people wanted them to and how they respected and supported their religious requirements and observance. The staff respected people's diversity and were open to people of all faiths and belief systems.

Supporting people to express their views and be involved in making decisions about their care
• People and family members were encouraged to share their views about the care they received with regular face to face reviews and annual surveys to get feedback on overall satisfaction. This helped the service to identify aspects of the service they could improve for people.
• Care records included information about people's choices and decisions. People and their relatives told us they felt comfortable telling staff how they wanted to be helped and when expressing their views about the service. One person told us, "I can discuss things with [carer], they come up with ideas as well."
• Staff we spoke with were clear about the importance of making sure people followed their usual routines and did things for themselves where possible.
• We saw the manager took into consideration people's wishes and feelings to try to make sure they were supported by staff they liked and who had things in common with them. This included gender and cultural preferences.

Respecting and promoting people's privacy, dignity and independence
• People's right to privacy and confidentiality was respected. The comments we received were all positive. We were told, "Oh yes they respect my privacy" and "I feel they'd do anything they could for me to help me stay at home."
• We saw individual examples of how the service worked within people's own routines to incorporate religious practices. People told us about the things staff did when they provided personal care to make sure

their privacy and personal dignity was maintained as they wanted.
•The service had links with advocacy services and support for people to use these if they wanted extra support.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People using the service each had an individualised plan of their care needs and preferences, drawn up with them and based on an assessment of their needs. Plans had been reviewed regularly and had been updated following review.
• People told us staff from the office came out to see them and checked their care was being given the way they wanted it to be and that their care plans were correct. A person told us, "I've got a care plan, it's in the file" and "I have a folder here. I have been involved from the beginning with my care."
• People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and help them engage them in meaningful conversations.
• People's social and emotional needs were considered as part of the overall service and social isolation was recognised as an issue for some people. We saw people were being supported in continuing their preferred interests and hobbies and social activities in the local community or with friends and relatives.
• We saw people's communication needs were identified and the manager and staff supported people to have good access to information. To support one person with a sensory loss the service had prearranged times for telephone communication to check on them.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy and procedure, and this was available in different formats to meet different needs, such as large print.
• The service had a positive approach to handling concerns and complaints. The registered manager told us they saw all comments as a part of their continued learning and improvement.
• People knew who they could speak with if they wanted to raise any issues and said they felt comfortable with raising any matters. People told us, "I have absolutely no complaints about the care I am receiving" and "If I needed to say anything, I'd talk to staff first and then ring the office."
• We found that any complaints received had been tracked and dealt with in line with the service's procedures. Records were available to show what action had been taken to resolve the issues.

End of life care and support
• Staff worked closely with health and social care professionals to support people and families when people were approaching the end of their lives.
• We saw that people's spiritual needs and beliefs were explored with them and staff had received training on supporting people at this difficult time. This helped to make sure staff understood different religious and cultural needs.
• The registered manager was looking at how to improve the way they gathered information about people's end of life wishes. This was so any specific wishes, expectations and directives could be noted and planned

for in advance.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People we spoke with told us the service was well-led and some had recommended it to others.
• We were told the manager was approachable and people appreciated their visiting them in person at home. People, relatives and staff consistently told us the management team were accessible and supportive and kept them informed. We were told, "They [office] always ring to say if someone will be late."
People told us, "They [management] seem willing to listen to what I've got to say" and also "They [manager] have come twice to ask about how things are going."
• Staff commented positively about the management culture and the support they received. We were told, "The managers are really good, I can always get in touch if I need to."
•The manager and staff understood their duty of candour and to notify us and relevant agencies and families of any significant incidents or events that affected people or the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•The management team demonstrated supportive leadership and had a daily involvement in the service. The manager and staff had a shared vision of the person-centred service they wanted to provide.
•The manager was clear about their responsibilities and was in the process of registering with us as manager. They were undertaking further education and training to support them in that role.
•The manager used a range of quality assurance tools to monitor service provision and get feedback to inform service development. These included using surveys, spot checks on staff, audits of systems, care plans and medicine records, holding staff meetings, supervisions and performance monitoring. Regular 'spot checks' on staff helped to make sure their practices were in line with people's wishes and the service's procedures, dress code and good infection control.
• There was a clear organisation structure with lines of accountability. The service had a plan for its development, so it could be done in a gradual and safe way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
• The manager was planning to extend the use of technology as they developed the service. The service was preparing to implement a system that incorporated call monitoring and live feedback on changes. This was to help make care more seamless for those who used it.
• Staff told us the management listened to them and acted on what they raised. A staff member commented, "We [care staff] have staff meetings regularly, if there are any issues they [management] would call a

meeting immediately."
• People told us they had completed quality questionnaires to give their views and share their experiences with the service. People confirmed they were frequently asked for their opinions at meetings to review their care and felt their views were welcomed.

Working in partnership with others
• The service worked with relevant health and social care professionals to support positive health outcomes for people. The service understood the importance of working collaboratively with health and social care professionals who were involved in people's care.
• Care staff worked with the district nurses and followed their instructions when supporting people with their treatment and care needs. For example, with promoting pressure area care and keeping skin healthy.
• Feedback from social care professionals and commissioners who came into contact with the service was positive about the standard of service provision and about their joint working.