

# First Call Community Systems Limited

## Sure Care Chester

### 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

Sure Care Chester is a domiciliary care agency registered to provide personal care and support to adults who live in their own homes. The agency is based on the Sealand industrial estate near the city of Chester and currently provides support to sixteen people who have a range of different health and support needs.

The registered manager left the service in August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There is a new manager in place who has recently applied for the registered manager's position.

The service has not been previously inspected by Care Quality Commission.

People told us they felt safe using the service. The registered provider had a robust process for reporting any concerns they had and for ensuring people were protected from abuse. Staff had been provided with safeguarding adults training and they clearly understood and described what was meant by abuse and the different types of abuse.

The registered provider ensured that robust recruitment processes were followed to ensure staff who were employed were suitable to support the people who used the service. There were sufficient numbers of staff employed to provide people with their planned service. People were provided with the care and support they wanted by staff who had the knowledge and skills required.

People who required support to take their medicines received assistance to do so when this was needed. Care and support plans identified each person's specific health and care needs to ensure staff were provided with information as to how best to meet people's needs.

New staff followed the Care Certificate, a universally recognised qualification and the registered provider's induction programme. Essential training to staff was delivered in a range of areas, with updates completed as required. Staff received regular supervisions with the manager to enable them to discuss their role and any areas of personal development.

The manager and staff we spoke with were knowledgeable of, and acted in line with the requirements of the Mental Capacity Act (2005). People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Staff we spoke with told us how they sought consent from people before supporting them.

People were happy with the care that they had received and told us staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence. Family members told us that they had no concerns about the care that people

have been given.

Care plans were person centred, detailed and informative. They provided staff with sufficient guidance to ensure people's specific care needs were met during each planned visit. Risks had been appropriately assessed and staff were provided with guidance on how to protect people and themselves from each identified risk.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon. The registered provider had a robust policy and procedure and process in place for the management of complaints and concerns.

There was an opportunity for people and their families to give feedback on the service provided. The registered provider used this information to focus on areas of development and improvement.

Quality assurance audits were undertaken by the registered provider and manager to ensure that the service provided was effective and meeting people's needs. Accidents and incidents were reviewed to ensure that any risks to people were minimised and we were notified as required about incidents and events which had occurred at the service.

## 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.

There were robust recruitment procedures in place.

People received the support they required with their medicines.  
Staff were competent in medicine administration.

Risks to people's health, safety and welfare were identified,  
assessed and regularly reviewed.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were trained and  
well supported to meet their needs.

People's right to give consent and make decisions for themselves  
was encouraged.

Staff monitored people's health and well-being. People were  
supported to access health professionals if any concerns were  
identified.

### Is the service caring?

Good ●

The service was caring.

People were shown respect and courtesy by staff visiting them in  
their homes.

People's dignity and privacy was maintained at all times.

Staff encouraged people to be as independent as possible in all  
areas of support and care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their

individual needs.

People had been involved in agreeing and reviewing their care and support plans and how they wanted support from staff.

There was an effective complaints policy and procedure in place.

**Is the service well-led?**

**Good** ●

The service was well led.

People's opinions and views were valued. The registered provider undertook regular surveys to review the service they provided.

There was good leadership and management in place.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Sure Care Chester

## **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 visited the office of the registered provider and people who used the service on 10 and 11 October 2016. Our inspection was announced and the inspection team consisted of one adult social care inspector.

We spoke and spent time with five people who used the service and five family members. We also spoke with four members of staff, the manager, business development manager and operations director. We looked at the care records relating to four people, which included, support plans, daily records and medication administration records. We also looked at the records that the service kept in respect of monitoring quality, safety and staff support.

Prior to the inspection we reviewed the information we held about the service including the 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 also reviewed other information including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners and the local authority safeguarding team to obtain their views of the service. No concerns were raised.

# Is the service safe?

## Our findings

People felt safe using the service. They told us, "The staff take their time with me and help me to be independent. They make me feel very safe" and "I like the staff, I know they are there if I need them". Family members confirmed that the service people received was very good and that they were always alerted by staff to anything that could be a potential risk. One family member told us, "Staff noticed that [my relative] needed extra help getting in and out of the shower. They were concerned and felt that they needed something extra to hold onto and suggested a grab rail. That kind of advice is important".

Staff spoke confidently about their role and responsibilities for ensuring people were safe. They were able to describe signs of potential abuse and harm, how these could occur and any signs and symptoms they could look out for. They confirmed that they would raise any concerns or worries they had about people's safety with the manager or they would notify the local authority safeguarding team. Records showed staff had completed safeguarding training and discussions confirmed that they were aware how to whistle blow and said they would be happy to do so if they needed to. There was evidence that the service had worked closely with the local authority safeguarding team when safeguarding concerns had been raised. They had also raised concerns themselves when they found people were at risk. There were clear records of safeguarding alerts and the action which had been taken to investigate these and to protect the people who used the service.

Staff were aware of how people's different circumstances could pose risks to their wellbeing and safety. They described actions they took to reduce these, for example helping people with their mobility by using mobility equipment safely and checking that the equipment was fit for purpose. Risk assessments and support plans described how staff should support people with key areas of their care in a way that promoted their independence whilst reducing any risks they may face. Risk assessments were in place for people covering a range of areas including falls, bathing and showering and being out and about in the community and were regularly reviewed. In addition the service had also risk assessed the person's home environment to ensure they took any action needed to keep the person and the staff caring for them safe. This showed that the registered provider understood the importance of keeping people safe and minimising any risk of harm.

Recruitment processes followed by the registered provider were robust. People were supported by staff who had been through a range of recruitment checks to ensure that they were of a suitable character to provide care and support to vulnerable people. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who used care and support services. Staff confirmed this process was followed before they started working for the service. Staffing levels were regularly reviewed to ensure there were enough staff to support people safely.

There were procedures in place to safely support people with medicines. People had varying medicine support needs and clear explanations of each of these were included in the medication support plans. Staff

confirmed that each person's needs were assessed before any support was provided. Staff assistance ranged from reminding people to take their medications through to administering medication. Staff had completed competency based training prior to administering medication to people. This helped to ensure that staff were able to safely administer people's medication. Staff had access to the registered provider's medication policy which provided detailed guidance on the management of medicines.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents at the service. Records of incidents for both people and staff were kept through the use of an accident book. The registered provider also had an 'Accident and Incident report form' which allowed a detailed review of incidents and accidents to take place. This enabled the manager to identify themes and trends or actions that could be taken to prevent further risks occurring. This meant that the registered provider had effective systems in place to monitor accidents and incidents at the service.

There was a business contingency plan in place to ensure that a continuity of care could be provided in emergency situations that might disrupt the service. This gave directions to staff on what actions to take in the event of loss of business systems, staff, severe weather and a health crisis. This procedure was regularly reviewed and updated.



## Is the service effective?

### Our findings

Family members told us, "The staff are very knowledgeable. If they notice something they will always let us know and what we can do about it" and "They recognised a change in [my relatives] health needs and spoke to us about accessing a GP. That's really important as we are not always there to notice these changes. They are very skilled in their work".

Staff confirmed that they received the training and support they needed to carry out their duties. This included a mixture of on line training as well as face to face training, discussions and support from the manager and business manager. Staff were provided with regular supervisions where they could discuss any issues or difficulties they were experiencing within their role. Staff files contained certificates for each of the training courses they had completed. The business manager confirmed that the registered provider was in the process of introducing a system that will electronically identify renewal dates for staff training. Training was planned in line with the needs of staff who worked at the service. We noted that where staff had been assessed as requiring additional learning in specific areas such as medicines, this had been arranged by the manager.

In addition to an induction programme, staff completed the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Following initial training new staff were required to shadow experienced staff on care visits. Their competency and skills were assessed and recorded as part of this process. Once new care workers were considered to be competent they were able to work on their own. However, the supervisors continued to make unannounced visits to observe how they performed when supporting people. Staff completed training in a range of areas including health and safety, safeguarding adults and children, dementia, fire safety, equality and diversity and moving and handling. Staff were also supported to gain new skills. The registered provider supported staff to access National Vocational Qualification (NVQ) in management and care were appropriate to their role.

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 had their rights to give their consent and make decisions for themselves promoted and respected. Care and support plans demonstrated that people's consent and ability to make specific decisions had been recorded for staff awareness. People told us that staff supported them to make decisions for themselves where they were able to. These included day to day issues such as what they wanted to wear, eat or how they wished to be supported. People confirmed that they were always asked for their consent before any care activity was carried out. Examples included how staff would ask for their permission prior to helping with personal care or any other task within the person's home. Family members confirmed that staff always

respected and complied with their relatives wishes. Staff confirmed that they would only provide someone with care if they consented, providing they were able to do so. Records showed that consent had been sought from relatives in circumstances in which family or relevant others held Lasting power of Attorney (LPA). An LPA is a legal document that enables people to appoint relevant others to help or to make a decision on someone's behalf.

Care and support plans identified where people required support with eating and drinking. Information regarding medical conditions and how this impacted on specific support needs was clearly detailed for staff to follow. We noted that one person had been diagnosed as borderline diabetic and required support to manage their sugar intake through their diet. Care and support plans guided staff as to the importance of monitoring what had been eaten and drank to ensure that the person remained well.

People's health needs had been assessed when they first started using the service. Care and support plans identified specific healthcare needs that people required support with. Plans were regularly reviewed and updated in line with a person's changing needs. There was evidence in the daily records of care visits that the staff monitored people's health and took action when there was a change in someone's health condition. For example, we saw that the staff contacted people's next of kin and if needed the GP when someone they were caring for became unwell.

## Is the service caring?

### Our findings

People told us that they were treated with respect and staff responded to their views about their care. They said, "The staff are lovely. They are patient and kind" and "The staff understand that this is my home. They respect that fact when they come to help me". Family members described the staff as 'Absolutely fabulous' and 'Very good at communicating'.

People told us there had been a few changes recently with staff and that newer staff had been to support them in their own homes. One person said, "It took a little time for them to get used to how I like things and where. But it seems to be sorting itself out now". A family member confirmed, "The new staff always spend time shadowing staff here with [my relative]. They are always introduced first so we can make sure [my relative] is happy with them". We received feedback about how one person had struggled with a member of staff and their personality. Concerns were raised with the manager and a different member of staff was found immediately to provide support. This showed that the registered provider considered and valued people's views and preferences as to who came to support them in their home environment.

People told us they were treated with respect and had their dignity maintained when they used the service. Staff were described as being discreet when they provided personal care, and conducting themselves in a professional manner. One person said, "Personal care is always difficult. But they do their best to put me at ease and to protect my dignity as much as possible". Staff confirmed that that they would ensure that doors and curtains were closed and visitors were asked to leave the room when personal care had been needed. A person who used the service also told us their independence was promoted, they said staff, "Encourage me to do things for myself."

We saw that the registered provider had a number of staff who had been trained to be the Dignity Champions of the service. This training included reflection of the top ten National Dignity Challenges by Dignity in Care and how this could be incorporated into the support the service gave to people. The registered provider had confirmed in a staff team meeting that all staff would be undertaking this training in the future. Compliments received by the service showed that staff reflected this learning into their practise. One stated "[name] is an excellent carer who goes above and beyond all that she does for [my relative]". Staff told us they found their work rewarding and they enjoyed helping people. They spoke of being able to make a difference to people's lives through providing people with social interaction and dignified and respectful care and support.

Family members confirmed that on the majority of occasions care and support was provided in line with the preferred and agreed times for people supported. They told us, "They are very reliable on the whole. There has been the odd occasion where they have run late, but they will always call to let us know". We noted that where people had identified a change in their care need or preferences the agreed call times were reviewed and changed by the registered provider. One person said, "I was getting up too early and I was really tired at night time. I spoke with the manager and I now get up a little later which suits my lifestyle much better".

A number of compliments had been received from people who had used the service. Comments such as, "I

have excellent communication with the staff and manager, at all hours of the day. We have been provided with great support at times of crisis. Thank you" and "Thank you so much for the care and support you provide to [our relative]. We can't thank you enough". People and their family members gave feedback that they were happy with the overall service they received.

People who used the service had been provided with information about the service and standards they should expect from the registered provider. Information included details of the manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security. People's confidentiality was maintained. Records containing personal details were stored securely in a locked office.

# Is the service responsive?

## Our findings

People told us that the service provided met their needs well. They said, "If anything changes I know that I can give the manager a call and we can revisit what support I need or want". Family members told us, "They are very responsive to meeting [our relatives] everyday needs. They go over and above at times too".

A discussion with the manager and information in people's care records showed that each person had an assessment completed prior to using the service. Assessments were completed in detail to ensure that people's needs could be met properly. We saw that the pre-admission assessments were used to form the basis of people's care and support plans and risk assessments.

Care and support plans were person centred and included detailed information about people's needs and how they wished to be supported. Records were written in plain English and technical terms were avoided or explained. Care and support plans covered a range of areas including personal care, managing medicines and mobility. They contained instructions for staff about how best to support people in ways which would enable them to be as independent as possible. It was clear from looking at people's records and through discussions with people that staff had a 'can do' attitude and made every effort to ensure people remained as independent as possible.

Staff kept daily progress notes which showed a detailed account of people's wellbeing and the care that had been provided. Staff we spoke with were very knowledgeable about the people they supported and were aware of their likes and dislikes, interests and health and support needs. An example that was shared with us was one person who preferred to have a shower rather than a bath. Staff were clear that this was their personal preference. People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported social activities. This meant the service worked with people's wider networks of support and ensured their involvement in activities which were important to them. This meant that a personalised and responsive service was provided which met people's individual needs.

Care plans were reviewed regularly or sooner if people's needs changed. Reviews were completed with both the person and any other relevant people they chose such as their family members. We noted in one review a discussion had taken place regarding a reduction in hours and changes in support times for one person's care package. Records identified that this was actioned by the manager within one week of the review meeting occurring. This showed that the registered provider understood the importance of tailoring care packages to meet the specific needs and wishes of people supported.

The provider's complaints policy and procedure was made available to all people who used the service. Information about how and who to make a complaint to was included in the 'guide to your support service' document. People who used the service were clear about who they would contact with any concerns they might have. The registered provider had a robust system in place to record, investigate and respond to complaints. The service had received four complaints in the 15 months prior to our inspection. Records confirmed these had been dealt with appropriately in line with the registered provider's policy and

procedure.

## Is the service well-led?

### Our findings

People were supported by a service which was well-led. People and their family members knew who the manager of the service was. They told us, "I think the company is well run" and "The manager came here to talk to us about the service we received. She was lovely". Members of staff confirmed that the manager and business development manager responded quickly if there was ever an issue or concerns raised.

The service had a registered manager in post since April 2016. We were informed prior to our visit that she had left the service. A new manager had been recruited in September 2016 and had taken over the day to day running and management of the service. The new manager was qualified and experienced in the provision of social care and had recently applied to CQC to become the registered manager of the service. Staff and people who used the service told us that they were comfortable approaching the new manager and other members of the management team.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered provider had ensured that effective notification systems were in place and both the manager and business development manager had the knowledge and resources to enable these to be completed appropriately. We had been informed as required about any incidents that had occurred at the service and we were able to see that appropriate actions had been taken.

There was an effectively used quality assurance system in place to make sure that any areas of improvement were identified and addressed. Audits completed included the monitoring of accidents and incidents, safeguarding issues and medication records and there was a clear process for undertaking spot checks with staff. A weekly report was issued to the manager which highlighted areas that required attention or review such as staff supervisions, appraisals, training and any significant events that occurred. We noted that audits had been analysed and actions identified and taken where needed. This meant that there had been accountability and oversight by the manager and registered provider to ensure the quality and safety of the service provided to people.

The service actively sought feedback on its performance from the people it supported. Surveys about people's experiences of care and support were completed annually as part of the registered provider's quality assurance processes. At the time of our inspection a survey was due to be issued. We reviewed the survey feedback from November 2015 and found that all of the responses had been complementary. Comments included, "The carers have excellent interaction with [my relative]. They are very nice, very attentive and do a good job" and "You provide an excellent service. Thank you". Prior to this inspection the commission also conducted a survey of people's feedback and the responses we received were similarly complimentary. People commented; "I have had perfect service since I first started. First class staff".

The operations director and management team had introduced an evidence file as part of the ongoing learning and development of staff in relation to the five key questions that CQC ask during our inspection process. Each section contained information and evidence as to how the service was safe, effective, caring and responsive in meeting people's needs and examples of how the service was well led. This showed that

the registered provider had a good understanding of the requirements of the Health and Social Care Act 2008 and was proactive in promoting staff awareness and understanding of regulatory requirements.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. All staff were provided with access to a staff handbook when they started working at the service. The handbook contained details about key policies and procedures in order to assist staff to follow best practice in their role. Policies were available in the main office which ensured that staff had access to relevant guidance when required.