

Godiva Care Services Ltd

# SureCare Coventry & South Warwickshire

## Inspection report

3 The Quadrant  
Coventry  
West Midlands  
CV1 2DY

Date of publication:  
30 October 2020

Tel: 02475092617

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

SureCare Coventry & South Warwickshire is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. Support is provided to children, younger adults and older people, living with mental health support needs, physical and sensory impairments and learning disabilities. At the time of our inspection the service was supporting 25 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives were very satisfied with the service provided and the way the service was managed. The registered manager and staff shared a passion to provide individualised, responsive care and worked in partnership with people, relatives and other professionals to achieve this.

Relatives had confidence in staff's ability to deliver care safely. People received their care calls at the times they expected, for the length of time agreed and from staff they knew. Medicines and risk associated with people's care was well-managed, and in-line with legislative requirements and best practice guidelines. Staff followed good infection prevention and control practices to keep people and themselves safe.

The registered manager and staff worked within the requirements and principles of the Mental Capacity Act 2005. Staff understood the importance of gaining consent from people. 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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service provided was tailored to each person's needs and designed to maximise choice and control. People's rights were respected, promoted and upheld. The registered manager and staff worked flexible to ensure good outcomes for people and their families.

People and relatives described staff as trustworthy, caring and considerate. Staff had a very good understanding of people's needs and what was important to them. Staff used a range of communication methods to ensure people were able to express their views and be involved in making decisions about their care. People's care plans were personalised, detailed and up to date. This meant staff had the information

they needed to provide care safely.

People, relatives and staff spoke highly of the registered manager describing them as, 'always accessible, easy to talk to, supportive and responsive'. Relatives felt able to raise issue with the registered manager and were confident these would be addressed. Staff felt supported and valued by the management team. The management team completed regular checks to monitor the quality and safety of service provided. People, relatives and staff were encouraged to share their views about the service to drive forward improvements. Relative's told us their consistently positive experiences meant they would recommend the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 18 November 2017).

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SureCare Coventry and South Warwickshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# SureCare Coventry & South Warwickshire

## **Detailed findings**

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 15 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection was carried out by one inspector and an assistant inspector.

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. They were also the provider and that means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 7 October 2020 and ended on 15 October 2020.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a local authority who work with 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 all of this information to plan our inspection.

### During the inspection

We spoke with two people who used the service and four people's relatives about their experiences. We spoke with nine staff including the registered manager, the care coordinator and care workers.

We reviewed a range of records electronically. This included five people's care records, risk management plans, daily communication records and medicine administration records. We looked at staffs training records and reviewed records relating to the management of the service including quality audits and policies and procedures.

# 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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. A relative told us this was because staff understood their family members needs and were 'very careful' when they provided care.
- Staff had received safeguarding training and knew how to keep people safe from harm or abuse. One staff member told us the registered manager had referred a concern the staff member had raised to the local authority. They said, "Things have really improved for [person's name] since."
- The registered manager understood their legal responsibility to report any safeguarding concerns to us (CQC) and described how they worked in line with the provider's and local authorities' procedures to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risk associated with people's care was well-managed. For example, one relative told us staff understood the importance of applying cream to their family member's skin to reduce the risk of their skin becoming sore. They added, "It's such a relief to know that Mum is in safe hands."
- Risk management plans provided comprehensive, up-to-date details to inform staff how to provide safe, consistent care. One staff member commented, "One of our priorities is to keep them (people) safe, following each step in the risk assessment help us do this."
- Accidents and incidents were recorded. Monthly analysis of these records enabled patterns or trends to be identified, so action could be taken to reduce the likelihood of them happening again.

Staffing and recruitment

- Staffing levels ensured people received their care calls from staff they knew, at and for the length of time agreed. Relatives comments included, "The staff are reliable and punctual, they have never missed. I don't need to worry at all," and, "The carers come in time and stay for the right amount of time...we have a core group of carers who are like family."
- The provider's recruitment procedure ensured required pre-employment checks were completed, including staff's suitability to work with vulnerable people. We had no current concerns about recruitment processes and, on this inspection, did not review staff employment files.

Using medicines safely

- People received their medicines as prescribed where the need for support had been identified.
- Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.
- An up-to-date medicine policy was in place which included best practice guidance. Medicine

administration records were audited regularly. Where audits identified shortfalls, actions had been taken. For example, a staff member had been reminded of the requirement to record the actual time support had been provided to a person to use their inhaler.

#### Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes.
- The whole staff team had completed infection control training and additional training specifically relating to COVID-19. Staff understood their responsibilities in relation to this. One staff member commented, "The manager has really looked out for us during COVID-19 to keep everyone safe. We know we must follow our procedures, wear our PPE (personal protective equipment) and report any concerns." The registered manager told us, "We treat every visit as though there is COVID-19. Our priority is safety and to reduce the risk of any cross infection."

# 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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

- The registered manager understood their responsibilities under the Act. No-one using the service at the time of our inspection had any restrictions placed on their liberty.
- People's care records documented whether they had capacity to make specific decisions about their care. Where needed best-interest decision had been made with the full involvement of people and their families. Decisions made were recorded and followed by staff.
- Staff had completed MCA training and understood the importance of seeking consent before and during personal care delivery.
- People and their relatives confirmed staff worked within the principles of the Act. One person said, "They [staff] are lovely and thoughtful. They start each call by asking me if I am ready for their help." This meant people had choice and control of their lives.

# 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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception people and relatives spoke highly of staff. Comments included, "Surecare staff are fantastic, trustworthy, caring and considerate." and "The carers are absolutely marvellous [person's name] lights up when they arrive, it's wonderful really."
- Staff had completed equality and diversity training and understood respecting people's cultural needs, life style choices and preferences was central to the delivery of person-centred care. The registered manager told us, "We have a very diverse staff team who share their knowledge and experiences to further support the delivery of individualised care."
- Staff felt cared for by the management team. One staff member told us, "As workers we are valued and treated with respect. It's like an extension of family. It makes you feel you matter." The registered manager commented, "Valuing my staff is a priority. Being happy shows in their work."

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

- People and relatives were actively involved in making decisions about their care. One relative told us, "Without a doubt I am fully involved. The manager really listens."
- Staff understood people's communication needs. This ensured people were able to express their views and choices and make decisions. One staff member told us they were learning sign- language to improve how they engaged with a person who was not able to communicate verbally.
- The registered manager supported people and families to access advice and support for example, from advocacy services. They told us, "It is really important to help families get the advice or extra support they need so they can continue to care for their loved ones."

# 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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said they would recommend the service because it was responsive, reliable and flexible. Relatives described how their requests for changes to the times of care calls at short- notice and additional calls were always met. The registered manager told us the service was organised to be flexible to ensure people and their families received the support they needed, when they needed it. Feedback from the local authority confirmed this.
- The registered manager took time to match people with staff who shared similar characteristics or interests, to enhance the development of relationships. For example, one person's support was provided by a staff member chosen because they shared a passion for the same football team. The staff member told us, "It was like an ice- breaker and really helped form a real bond."
- People's care plans were very detailed, individualised and had been created and reviewed in partnership with people and relatives. A relative told us staff always read and followed the care plan they had created for their family member.
- Staff knew the people they support and were confident the information in care plans enabled them to understand and provide care in line with people's wishes. Staff told us changes to people's care was shared in a timely way to ensure they always had the most up to date information.

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 care plans contained specific details about their communication needs and abilities. This included how people should be given information such as visual, pictorial, verbal or written
- Information about the service was available in a range of different formats if required.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager was committed to delivering a service tailored to individual people's needs which met the desired outcomes of people and their families. One relative told us, "The manager doesn't seem to be in it for the money. They really care and make sure [person's name] and the family get the best."
- Staff told us the registered manager and care co-ordinator promoted an open culture and led by example. One said, "They are really interested in our views and are so easy to approach and talk to. We share the same aims to give good care."
- The registered manager understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager had very good service oversight and ensured monitoring of the quality and safety of the service was effective. Audits of, communication, care and medicine administration records, for example, were regularly completed and action was taken to immediately address any shortfalls identified.
- Staff were clear about their roles and responsibilities and described the management team as 'open, approachable, supportive and considerate'. The care co-ordinator told us, "The communication flow is the key. If we don't get communication right, we wouldn't be doing a good job."
- Feedback from a health care professional praised staff for the way they had jointly worked with the professional to support a person.
- The registered manager demonstrated a good understanding of their regulatory responsibilities and shared how they kept their knowledge of legislation and best practice up to date. This included their membership on a Healthwatch panel looking at what is good care. They told us, "This helps me look at my own service and how we can improve and learn." Healthwatch is independent national champion for people who use health and social care services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives felt listened to. One relative told us, "This is the best manager I have ever dealt with, she's so accessible and easy to engage with. She hears you."
- The registered manager pro-actively encouraged people and relatives to share their views about the

service through regular home visits, telephone discussions and questionnaires. The latest feedback showed high levels of satisfaction with the service provided and how the service was managed.

- Staff were encouraged to share ideas through individual and team meetings and daily telephone calls. Suggested improvements were discussed and acted upon. For example, in response to suggestions about how to strengthen communication during the COVID-19 pandemic the registered manager had setup a secure staff WhatsApp group.
- Staff meetings were also used as an opportunity for training and development. For example, staff used presentations to share their personal experiences or specialist knowledge about specific subjects. The care co-ordinator told us shared knowledge supported the whole team's development and further contributed to achieving positive outcomes for people.
- The registered manager was planning the introduction an electronic recording system. The aim being to use technology to further enhance service delivery. The registered manager said, "I am very proud of my staff who are excellent and the service we provide, but there is always more we can do. We will continue to look for new and innovative ways to improve things for our service users, their families and our staff. We are aiming to achieve an outstanding rating."