

Secure Healthcare Ltd

# Secure Healthcare Limited

## Inspection report

Suite One, Grand Station  
Sun Street  
Wolverhampton  
West Midlands  
WV10 0BF

Tel: 01902302017

Website:

[www.securehealthcaresolutions.co.uk/homecare](http://www.securehealthcaresolutions.co.uk/homecare)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Secure Healthcare is a domiciliary care agency registered to provide nursing and personal care to people in their own homes. At the time of this inspection the service supported 14 people with personal care and employed 15 care staff. The service did not provide anyone with nursing care support.

People's experience of using this service:

- There was not a registered manager in place at the time of our inspection visit, however, an acting manager had been appointed who had applied to be registered with CQC.
- The provider was updating risk assessments and care records at the time of our inspection visit, following their own quality assurance checks, to make them more comprehensive and person centred.
- People's safety had been considered.
- Medicines were managed safely.
- Staff had received training in relation to safeguarding and knew how to protect people from harm.
- Staff were recruited safely and in accordance with best practice to ensure they were suitable to work with people in their home.
- People's needs were regularly assessed so the service could meet their individual care needs.
- People received care from well trained staff, and were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.
- Where people required support with their health, people were signposted or referred to health professionals.
- People were treated kindly and compassionately by staff.
- People and their relatives were supported to express their views and make decisions about the care and treatment they received.
- Staff respected people's privacy and dignity.
- Information was provided in a range of formats to support people's understanding.
- The provider had a complaints policy and process in place; people and their relatives told us they would feel comfortable raising complaints.
- When people were at the end of their life, the provider had policies in place to assess their wishes and preferences.
- The provider had quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care.
- People, stakeholders and staff had an opportunity to shape the service.

Rating at last inspection: Requires Improvement in Safe, Effective and Well Led. The last report for Secure Healthcare was published in March 2018. At this inspection we found the service had made some improvements and was rated Good in Safe, Effective, Responsive and Caring. Well Led continues to be rated as Requires Improvement.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line

with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements. More information is in the 'Detailed Findings' below.

## 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?

Requires Improvement ●

The service was not always Well-Led

Details are in our Well-Led findings below.

# Secure Healthcare Limited

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Secure Health Care is a domiciliary care agency registered to provide personal and nursing care to people in their own homes. CQC regulates the care people receive.

The service did not have a registered manager in post at the time of our inspection visit. The previous registered manager had left the service in November 2018. An acting registered manager had been appointed to manage the service in December 2018, and was applying to become the registered manager at the time of our inspection visit. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the provider two days' notice of our visit, to be sure we could speak with the management team.

Inspection site visit activity started and ended on 27 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about; we sought feedback from the local authority and other professionals who worked with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We received feedback from one person and two relatives of people who used the service. We also received

feedback from two care workers, a field supervisor, the acting registered manager and the provider.

During the inspection visit, we reviewed five people's care records to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the service such as quality audits, people's feedback, and meeting minutes.

# Is the service safe?

## Our findings

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

At our last inspection we found Safe was rated as Requires Improvement. This was because risk mitigation plans should have been more detailed, to ensure staff had all the information they needed to provide safe care to people. Medicines procedures required improvement, and staffing levels were not always consistent. At this inspection we found improvements had been made.

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

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures for staff to follow to keep people safe from harm. The safeguarding policy described the different types of abuse vulnerable people might face and information for staff to follow in case they suspected abuse. All staff had read the policy and completed safeguarding training as part of their induction. This meant staff knew how to keep people safe from potential harm or abuse.
- The provider acted in response to safeguarding concerns. Detailed records were kept of safeguarding concerns and alerts, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). We saw concerns had been investigated properly and fairly in a timely manner.

Assessing risk, safety monitoring and management

- People had risk assessments and risk management plans in place to instruct staff on how to support them to move safely, and in how to manage other risks such as environmental risks.
- We were assured risks were being managed by trained and competent staff. Staff told us they knew people well and they knew how to support people safely.
- However, some risk assessment documents were not contained in people's individual care plans. For example, one person was taking blood thinners to manage their risk of stroke. The side effects of these medicines were not specifically described for staff, so that they knew how they should support people without causing them injury. Another person who was at risk of developing damage to their skin, did not have a risk management plan in place for staff to follow to reduce the risk of developing skin damage.
- The acting registered manager was updating the design and format of care records and risk assessments at the time of our inspection visit, and later confirmed that risk assessments for these conditions had been added to people's care records.

Staffing and recruitment

- The provider had completed checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). DBS certificates verify people's criminal history and suitability for working with vulnerable adults and/or children. One person's relative told us, "We have never had any issues with the quality of the staff in all respects particularly their performance and integrity."
- There were enough staff at the service. People told us staff usually arrived on time, and one person's relative said, "The visits are all very prompt, but if there has been a problem, which is rare, a message has

always been forthcoming."

- The provider maintained a rota and ensured there were enough staff on shift at all times. Rotas for scheduled calls were regularly reviewed, along with call logs showing when staff arrived and left scheduled calls, to ensure there were sufficient staff and travel times scheduled into the rotas, so that staff could arrive at the expected time.
- The provider had recently implemented a call monitoring system to ensure when staff arrived and left a person's home, they checked in with the office. This meant the office received alerts if staff were running late. The risks against people receiving late or missed calls was therefore minimised.
- The acting registered manager and office staff who scheduled people's calls told us there were enough staff to provide all the visits people required. One staff member said, "We now have enough staff to cover holidays and sickness, as we have flexibility in staffing to take on extra calls."

#### Using medicines safely

- People who required support to take their medicines were supported by trained and competent staff. At the time of our inspection visit people were supported using an electronic MAR sheet system, that prompted staff with medicines the person needed to take, and how they should be taken.
- The provider was re-introducing paper records for the administration of medicines in March 2019. Staff would be asked to sign a printed medicine administration record (MAR) sheet and record in people's records that medicines had been given. This was because the electronic system did not offer the provider the flexibility they required.
- MAR's were checked during 'spot checks' and when they were returned to the office (each month). This was to ensure they were completed accurately and any discrepancies identified in a timely way.

#### Lessons were learnt when things went wrong

- There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning to prevent future occurrences.
- Medicines errors were investigated and lessons were learnt. With the introduction of new MAR records, and the audit of current electronic systems, the acting registered manager had discovered people did not always have an up to date medicines list of the medicines they received. These errors had now been resolved, with new medicines instructions being provided to staff.

#### Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised. Staff understood the principles of infection control as they received training in how to control the spread of infection and prevent cross contamination. Staff used hand gel, sanitizers and gloves when interacting with people to prevent the spread of 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 our last inspection we found Effective was rated as Requires Improvement. This was because people were not always supported in line with the Mental Capacity Act 2005 (MCA).

Good: 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.
- The provider ensured people could express their consent and share their wishes in accordance with the MCA. Where people needed assistance to express their wishes, give their consent, or be involved in discussions about their health, they were offered support by family members and legal representatives to express their views.
- Staff had received training and understood their responsibilities around consent and mental capacity. Staff told us they sought verbal consent from people before providing care and support.
- The acting registered manager understood their responsibilities under the Act. They understood their responsibilities to protect people's rights and what to do when someone may not have the capacity to make their own decisions, so these were made in people's best interests.

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

- Before care was provided to people, their needs were assessed. This was done with the person, their family, health professionals and specialists (where required). The assessment included their physical, mental health and social needs.
- Following the assessment of people's needs a care plan was developed tailored to each person according to their agreed care package.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. Care staff completed an induction to their role when they started to work for Secure Healthcare, which included training and working alongside more experienced care staff. Induction training included the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment, set by Skills for Care (a training and standards organisation).
- Staff had observations of their practice during their induction to make sure they were competent and confident, before they worked on their own. One staff member said, "I feel very confident I have all the training I need."

- Staff completed regular refreshers and updates to their training in areas the provider considered essential for care staff. This included moving and handling people, safeguarding adults and health and safety training. Training programmes were varied and included online training and 'face to face' with a trainer using equipment, so staff had practical experience.
- Care staff said they had regular meetings with their manager to discuss their work and personal development. The acting registered manager explained individual staff meetings were planned, so that each member of staff had an opportunity to discuss their performance and development. Staff had an annual appraisal, regular spot checks of their competency, and at least four meetings with their manager each year.
- The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

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

- Where people required support with their meals, staff supported people to have sufficient to eat and drink. People told us they were always offered a choice from the food available and staff left them with a drink before leaving, to maintain their hydration.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health care professionals to meet the needs of people at the service. This included liaison and information sharing with district nurses, advocates and family members where necessary.
- Staff shared information with each other about the care people received, and whether people's needs had changed, by recording each visit in a daily record book which was kept in the person's home. The daily record book was used to share information, each time staff entered the person's home.

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

- People who used the service managed their own health care appointments or were supported by family to arrange these. Staff said they would phone a GP or district nurse if they needed to, or would ask the family to do this. People confirmed staff responded if they were feeling unwell.

# 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.

Good: 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 and relatives were positive about the standard of care they received. People told us, "The staff are extremely kind, understanding and caring."
- People told us staff knew them or their relation well, and that continuity of staff had improved. One persons' relation said, "The same carer is predominantly used which was our request, and the management try hard to achieve this continuity of contact."
- We asked staff what 'caring' meant to them. All said it was about treating people with dignity and respect and providing care as people preferred.
- Where people required support from staff, their equality and diversity was respected. For example, people's religious and cultural needs were assessed, and staff followed the appropriate support plans when preparing meals and supporting people with personal care.

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

- People, and care records. confirmed people were involved in their care, and how they would like to receive this. When we asked people if they felt involved in their care and listened to, people told us they did.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respected their privacy. One person said, "They [staff] respect our wishes and generally try not to intrude on our privacy."
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
- Staff understood the importance of maintaining confidentiality and said they would not discuss personal information unless the person was authorised, for them to share it with. Information containing personal information was stored securely in the office so it remained confidential.

# Is the service responsive?

## Our findings

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

Good: 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

- Each person had detailed care plans to show their care needs, which were being transferred onto paper records at the time of our inspection visit. Care plans covered topics from physical and health needs, domestic needs, daily routines, preferences and risk assessments. Due to the changeover of care records at the time of our visit, we found some people's records, especially those on the previous electronic format, could have been more detailed. However, we recognised that care records were being comprehensively updated and added to at the time of our visit.
- Care records were written with the person, their family members and professionals. One person's relative said, "We recently had a review of all the required documentation to confirm that it was accurate and current."
- People told us staff who visited regularly knew their preferences and how they liked their care provided.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The acting registered manager told us no one using the service required information in other formats other than written English, but information would be made available in other formats if people required this. The provider offered people documents in an 'easy to read' format with pictures and large print, where required.

Improving care quality in response to complaints or concerns

- We looked at how complaints were managed by the provider. People knew how to make a complaint and had complaints information in their home that explained the complaints procedure if they needed it. Some people had raised concerns with the management team about their service, and complaints had been recorded and investigated in line with the providers policy and procedures. Complaints were monitored and analysed for any trends and patterns. Concerns were recorded on people's individual records, with the action taken to resolve the concern.

End of life care and support

- No one at the service was at the end of their life, or in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place to ask them about their wishes and to support them through this difficult time.

# 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 our previous inspection we rated the service as Requires Improvement in Well Led. This was because people did not always have up to date risk management plans in place, and were not consistently supported in accordance with the MCA. People's care records were not always up to date, and audits were not robust enough to identify where areas for improvement were required. Some improvements had been made to improve records, however, further improvements were still planned.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; Continuous learning and improving care.

- Since our previous inspection there had been a change in the management team at the service, and there was not a registered manager in post at the time of our inspection. The provider had appointed an acting registered manager, after the previous manager left in November 2018.
- Care records were not consistently up to date, for example, risk assessments to mitigate risks to people's health were not always contained in their care records. The provider acted straight away to rectify this. They were conducting a full audit of care records at the time of our inspection visit, which had already identified improvements needed to be made in this area.
- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines and quality audits (by external auditors) of the entire service. All actions from audits were added to an action plan that the provider monitored for completion. This allowed the provider to monitor and improve care for the people using the service.
- The acting registered manager planned to implement a number of new auditing procedures from March 2019, to introduce additional checks on staff competencies.
- Daily and weekly checks on the arrival and leaving times of staff, were being monitored to identify where rotas and call times may need adjustment.

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

- The acting registered manager had developed a good understanding of the service and how it operated and understood their responsibilities.
- The management team consisted of the Nominated Individual, the acting registered manager and a field supervisor. They were supported by staff at the provider's offices such as administrative and recruitment officers.
- The latest CQC inspection report rating was on display on the provider's website as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The provider notified us of important events as they were required to.

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

- People who used the service were sent an annual survey by the provider to find out their views of how the service could be improved and developed. This was available in an easy to read format, and people could be assisted to complete this if they required support. One relative told us, "We are asked for our feedback. We have personal contact with the managers in the office and our dealings with them have always been helpful and constructive."
- Staff we spoke with enjoyed working for Secure Healthcare and felt supported by the management team. The new acting registered manager held meetings with care staff to discuss improvements for the service. Meeting notes showed staff talked about their reward package, safeguarding and learning and development opportunities. A member of staff told us, "I am more confident now that the issues I raise will be responded to."
- Staff told us the provider responded to their queries and suggestions positively. One staff member said, "[Provider] is there 100 per cent, for anything we need."

Working in partnership with others

- The provider worked in partnership with commissioners of services, local charitable organisations, and advocacy organisations, to offer people access to services and to develop care packages.