Croydon Home Help Limited

SureCare (Croydon and Sutton)

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

This inspection took place on 8,12 and 13 February 2019. At our last inspection on 30 June and 5 July 2016 we rated the service 'Good' overall and in each key question. At this inspection we found the service continued to be 'Good'.

SureCare (Croydon and Sutton) is a domiciliary care agency. It provides personal care to people in their own homes.There were 253 people using the service at the time of this inspection.

The was a registered manager in post at the time of our inspection. 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.

People continued to receive their care safely. Staff reduced known risks to people by assessing them and following plans to reduce the possibility of people experiencing avoidable harm. Staff were trained to protect people from improper treatment. The provider cooperated with local safeguarding enquiries. Suitably vetted staff were available in sufficient numbers to deliver people's care safely and on time as planned. Staff followed appropriate medicines and infection control practices.

People and their relatives participated in their needs assessments. The registered manager ensured that staff were trained, supervised and appraised. People were treated in line with mental capacity legislation and were supported to access healthcare services. People received the support they required to eat and drink enough.

People and their relatives told us that staff were friendly, gentle and kind. Staff respected people's privacy and treated them with dignity. People's cultural needs were identified and met. Staff made the time to talk with people.

SureCare (Croydon and Sutton) delivered responsive care. People's care records guided staff on people's preferences for how their care needs should be met. The provider was responsive to people's changing needs. People's independence was promoted and the provider participated in a project which supported people to regain their independence as quickly as possible following hospital discharge. The provider responded appropriately to complaints.

The registered manager audited the quality of care and support people received and gathered people's views about their experiences. Care staff felt supported by the registered manager and the office team. There was effective communication throughout the provider's organisation. The service worked in partnership with other organisations to meet people's needs and advance research.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service was well-led.	Good

SureCare (Croydon and Sutton)

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.

This inspection took place 8, 12 and 13 February 2019. The inspection was announced. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure that people were informed that we would be phoning them at their homes. We also needed the registered manager and staff who delivered care to be available to meet with us when we were on site at the provider's office.

The inspection was carried out by one inspector and two experts 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.

Prior to the inspection we reviewed the information we held about SureCare (Croydon and Sutton) including notifications we had received. Notifications contain information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information when planning the inspection. We also reviewed previous inspection reports.

During the inspection we spoke with 26 people, nine relatives, five staff and the registered manager. We reviewed 12 people's care records which included needs assessments, risk assessments, care plans and medicines records. We inspected seven staff files and records relating to training, health and safety, quality, contract monitoring and team meetings. We looked at complaints and compliments from people and their

relatives.

Following the inspection, we contacted three health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

At our last inspection SureCare received a rating of 'Good' when we asked the key question 'Is the service safe?' At this inspection people continued to feel safe. One person told us, "I feel 100% safe, they always check that I am OK, they never leave without seeing that I am comfortable".

People were protected from abuse. Where safeguarding concerns were raised, the provider participated fully in the safeguarding process by making staff and care records available. The registered manager attended safeguarding meetings and ensured that any learning was shared with staff to improve people's safety.

People's risks were assessed. Where staff identified risks, plans were put in place to reduce them. For example, people at risk of unsafely swallowing drinks had thickening agents added to them. Care records guided staff how to mix thickening powders into people's drinks and the time it takes for the powder to completely dissolve before drinking. This meant people's risk of aspirating or choking were reduced.

The provider had protocols in place to manage situations where people did not answer the door to care staff as planned. Where staff did not receive an expected response when arriving at people's homes to deliver care, they informed office staff. The registered manager and office staff then followed a process of phoning people, their relatives, involved healthcare professionals and neighbours (if people had given their prior consent). If senior staff assessed there were immediate risks to people's safety, the provider's protocol was to contact the emergency services.

The service had plans in place to reduce the risk of people experiencing neglect as a result of missed care visits." Office based staff had systems in place to ensure that each care visit had a member of staff allocated to it. This information was included in rotas which people and staff had versions of. One person told us, "My carer comes on time and stays until everything I need has been done. They have never missed me out and I never feel that they are rushing me." Another person said, "My carer is always on time, and she stays the time she should." One relative told us, "Our carer comes on time nearly always, she stays the right length of time and looks for things to do if she has spare time, we never feel rushed." Where staff were unable to make care visits people were informed and an alternative member of staff was sent. The provider had a continuity plan in place to ensure people continued to receive care during poor weather. The service had an on-call system for staff to contact outside of usual office hours. This meant staff had access to management guidance during all care visits to people throughout the day and night.

People received their medicines safely. One person told us, "Staff give me my medicine and check that I have taken it." Another person said, "My medicines are in a blister pack, staff make sure I take my tablets at the right times." Staff received medicines training and their supervisors carried out observations of staff to ensure that medicines were stored, handled, administered and recorded in line with the provider's procedures and the training they had received. Where people who self-medicated were not doing so in line with the prescriber's instructions, staff informed office staff who made referrals to healthcare professionals to review their medicines administration.

People were protected from the risk and spread of infection. Staff followed appropriate hygiene practices when providing personal care and handling food. Staff received training in infection prevention and control and received personal protective equipment (PPE). Staff used PPE for single use and disposed of it to reduce the risk of spreading infection.

The provider undertook reviews when things had gone wrong. The registered manager explained that this was done to share learning and to prevent recurrence. The provider analysed accidents and incidents as well as complaints to identify possible patterns. Where patterns or trends were detected the registered manager took action. For example, the registered manager identified a pattern in complaints arising from people not always being informed of a change in care staff. Reasons for changes to staff were varied but included staff waiting with people for ambulances to arrive. Whilst office based staff arranged for alternative staff to deliver care and support as planned in these circumstances, the registered manager identified that people had not always been told about the change to staff or the reason. The registered manager took action by introducing a process to ensure office staff made people aware when and why staff changes were necessary.

Good

Is the service effective?

Our findings

People's needs were assessed by healthcare professionals and the provider's assessors. People, and where appropriate their relatives, participated in the assessment process. Needs assessments covered a range of areas including people's health, mobility, risks, independence and communication. When people's needs changed their needs were reassessed. People's assessments were contained within the care records held at the office and in their own homes. The provider's supervisors and care coordinators regularly checked people's assessments to ensure they continued to reflect people's current needs and preferences.

As we found at the last inspection, people continued to receive their care and support from trained staff. One person told us, "I think staff are very well trained." Another relative told us were, "Very skilled especially in getting my [family member] to cooperate as they can be awkward." Staff received on-going training in key areas such as first aid, infection control, dementia awareness and safeguarding. One member of staff told us, "My training is very helpful."

Staff received supervision from their line managers. These one to one meetings were used to discuss people's needs, health and safety issues, positive comments, improvements required and any changes in personal circumstances. Supervision meetings were also used to discuss the provider's policies and procedures. For example, supervision records showed staff and supervisors discussed the safeguarding, no access, medicines, confidentiality and safe handling procedures. One member of staff told us, "Supervision is straight forward and I am invited to give my input." Staff received annual appraisals each year at the provider's office. Appraisals were used to evaluate the performance of staff in areas such as punctuality, professional responsibility, working as part of a team and reliability. The appraisal process was also used to identify training needs.

People received the support their assessments identified them as requiring to eat and drink. One person told us, "Staff give me all my food and drink and present it nicely." Another person said, "Staff provide food that I like and always make me a cup of hot chocolate in the morning and the evening." A member of staff told us, "I always leave water for people within easy reach when I leave so people stay hydrated throughout the day.

Whilst some people arranged and attended healthcare appointments independently or with the support of relatives, other people were supported by staff. Care records contained the details of people's health needs and their involved healthcare professionals. With people's consent office based staff made referrals to healthcare services for them and liaised with healthcare professionals such as occupational therapists, community nurses and GPs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services such as SureCare which support people in their own homes.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people consented to the care and support they received. Care records detailed where people were supported around making important decisions by individuals with legal responsibility.

Good

Is the service caring?

Our findings

People and their relatives told us the staff delivering care and support were caring. One person told us, "They are very friendly." One relative told us, "Staff are very gentle, they make sure [family member] is comfortable, laughing and joking. The most important thing is that my [family member] is comfortable and likes the staff, which they do"

People and staff knew each other well. The provider tried to ensure people received care and support from the same, regular staff members. One person told us, "I have care four times a day and it is mostly the same ones which is much nicer." Another person said, "I am lucky I have had the same two carers for ages and they are wonderful." A third person told us, "They know me well and are more like friends than carers." Staff agreed and told us they shared positive relationships with people. One member of staff said, "I mostly see the same people. Knowing people well is so important. You get to know the little things like how they want their personal care done or how they want their tea made or their bed made." A second member of staff told us, "When you know someone you understand things about their mood and how they are feeling just by a look or the tone of their voice."

People and relatives told us staff made time to talk and that this was important to them. One person told us, "We chat all the time they are here." Another person said, Staff chat and listen while they are giving care." A relative agreed and observed, "[A staff member] and my [family member] really get on, they talk about everything and nothing." A member of staff told us, "Building up trust is important, crucial in fact. You have to have empathy."

Staff supported people's cultural needs. The provider asked staff if they could speak additional languages and used their skills where appropriate to support people. For example, language skills were used in the provider's matching process and enabled people who spoke Polish and Gujarati to receive care and support from staff who spoke the same language. The provider showed cultural sensitivity by rescheduling the times of care visits to people during a period of daytime religious fasting. This meant people's nutritional needs were still met but in line with the practices of their faith.

People's dignity and privacy were respected. One person told us, "Staff protect my dignity. They never intrude." Staff assessed people's personal care needs. These assessments included what people were able to do independently and what their preferences were. Staff supported people to wash and use the toilet in line with their preferences and care plan. Staff knocked on people's doors before entering and rooms and ensured personal care was delivered in privacy.

Good

Is the service responsive?

Our findings

Care plans were in place which guided staff to meet people's assessed needs. People participated in the development of their care plans which were updated following reviews and reassessments. Staff told us that care plans contained sufficient information to meet people's needs effectively. One member of staff told us, "There is always enough information in a care plan when I first meet people, so I know what to do."

Staff promoted people's independence in line with their abilities and preferences. One person told us, "I don't have much independence but staff get me to do what I can." Another person said, "I am a very independent person so we work at it together." The relative of one person told us, "My [family member] can do very little but staff encourage them to do what they can do."

The service was responsive to people's changing needs. Where people's needs changed, care staff informed office staff who undertook reassessments and made referrals to healthcare professionals. One member of staff told us, "Some people get frail really quickly. You may be with people one day and they're one way, and the next time you see them things have changed. When that happens, you phone the office straight away. They are quick about reassessing." Another member of staff told us, "Sometimes people need more support and the office staff work with social services to reassess and increase their care package."

The service participated in a reablement scheme with a local hospital. The objective of the scheme was to support people leaving hospital to rapidly regain their independence skills. One person told us, "I am determined to be back to normal as soon as possible so we are working together to make sure it happens." The scheme, which is called LIFE (Living Is For Everyone) focused on objectives to be achieved within the short timeframe in which the service would be involved. During this period staff supported people to develop skills such as meal preparation, self-medicating and managing their personal care. As people achieved their goals their packages of care were reduced. For example, we found people who had previously received four care visits a day regaining enough independence to reduce the number of care visits to one or two per day.

People presenting with mental health needs were supported responsively. Office managers and care staff liaised with mental healthcare professionals and care records guided staff as to the support people required to stay well mentally. Where staff observed an increase in people's mental health needs and were concerned about the risk of remission, mental health professionals were informed and staff participated in subsequent reassessments to support people.

The service provided support to people to avoid social isolation. Where funded to do so, staff supported people to attend activities and appointments. The service offered respite and sitting services for relatives as well as a befriending service for people. The provider also signposted people to activities promoting social inclusion locally.

The provider had a complaints procedure in place. Where complaints were raised, the registered manager addressed them in line with the provider's published complaints procedure. One relative told us, "I once

made a complaint. It was passed on and acted on quickly We found that complaints were investigated and the complainants were notified of the outcome. Where issues needed to be addressed with staff this was done in a timely manner.

Good

Is the service well-led?

Our findings

At our last inspection we found the service was well-led and gave a rating of 'Good'. At this inspection we found the service continued to be 'Good'. People and their relatives told us they were satisfied with the care and support being delivered and with the management of SureCare (Croydon and Sutton).

Staff felt supported by the registered manager and the leadership team. One member of staff told us, "This is a lovely organisation to work for, that's why I have been here so long." Another member of staff said, "The managers have been good when my personal circumstances were such that my ability to work was impacted." A third member of staff told us, "I receive strong emotional support from my line manager."

Twice a year the registered manager hosted team meetings for staff. These were staggered in order to maximise staff attendance whilst minimising disruption to people. One member of staff told us, "Team meetings are two way, managers talk and we do too." Team meetings were minuted and staff were encouraged to discuss issues such as organisational changes and improvements to people's care and support. The records of team meetings were retained so that staff who could not attend were kept up to date.

The registered manager and office staff communicated effectively with staff delivering care. One member of staff told us, "Office staff are on the phone regularly and whenever we need to speak to them. We are not alone out there giving care." The service also promoted effective communication between staff. A member of staff told us, "Communication with colleagues is good. We leave messages for each other in the care records but you let the office know too if its particularly important. The system works. There's no communication problems." Field supervisors arranged to meet staff in at people's homes to ensure particularly important messages were shared and understood.

The provider produced and distributed a quarterly newsletter which provided information about the service. For example, information was shared about data protection, staff training and events within the two local authority areas in which the provider delivered care. The notice boards at the providers office contained useful information for visiting people and staff including descriptions of different kinds of dementia and contact details for wheelchair accessible taxi services. Information on display for staff included leaflets about their own wellbeing, such as recognising and managing stress and depression.

The provider maintained a record of compliments. The compliments folder included thank you cards and letters as well as copies of emails. We saw that compliments had been made by people, relatives and health and social care professionals. The registered manager ensured that individual staff were informed when compliments were received about them. The provider informed staff, people, relatives and the public when they won awards. For example, when the service received the 'tremendous work award' from the local NHS the provider broadcast this across its social media platforms.

The provider actively gathered people's views regarding the care and support they received. The registered manager coordinated and reviewed an annual survey of people. The survey results were analysed and

presented in a report. People's views were positive regarding the care and support they received and the management of the service. Office based staff carried out telephone quality audits. During these telephone monitoring calls people were asked questions about issues such as the punctuality and friendliness of care staff and the politeness and efficiency of office staff. Field supervisors regularly met with people in their homes where they asked about people's experiences.

The registered manager undertook regular quality audits of the service people were receiving. These included audits of people's risk assessments, consent for the storage of personal information, care records and risk assessments. One member of staff told us, "Medicines audits are important. There is often a change in medicine when people come out of hospital so we need to make sure people are taking the right medicines at the right time and dispose of the old medicines when we need to." Supervisors carried out observations in people's homes of the quality of care being provided by staff. One person told us, "The supervisor pops round to see how we are doing every now and then" These observations were undertaken up to six times a year for each member of staff and records of them were maintained and reviewed.

The provider engaged in partnership working with a number of other organisations. For example, SureCare (Croydon and Sutton) partnered with a hospital and community health pharmacy team in a project to review medicines such as topical treatments, inhalers, ear and eye drops and medicines records for people supported at home. In another example, the provider worked in partnership with a local hospital, commissioners, social workers and healthcare professionals to deliver the short term reablement packages described in the 'Is this service responsive' section of this report. The provider shared information appropriately with other providers and notified CQC of important events at the service.