

Scotgren Limited

# SureCare Services (Wessex)

## Inspection report

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Date of inspection visit:  
05 September 2016

Date of publication:  
04 October 2016

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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

We inspected Sure care Wessex on 05 September 2016. Sure care Wessex is a domiciliary care service and provides support and personal care to people living in their own homes. At the time of this inspection around 50 people were supported by the agency.

There was a registered manager in post at the service. 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 told us they felt safe and the support they received was good. Staff knew how to assist people to maintain their safety. Staff understood their responsibility to protect people from harm and abuse and they knew how to report any safeguarding concerns appropriately. Individual risks around people's condition and their environment were assessed and recorded.

The provider had systems in place for the safe administration of medicines. People were supported to receive their medicine when needed. People were supported to maintain good health and were assisted to access to health services when required.

People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received training required for their roles and they told us they were well supported by the management team. There were sufficient staff to meet people's needs and people received their support as planned.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people.

The staff followed the requirements of the Mental Capacity Act 2005 (MCA). This protected the rights of people who may not be able to make important decisions themselves. People benefitted from staff that understood and implemented the principles of the act. People told us they were involved in making decision about support they received.

People told us they were able to form caring relationships with the staff and that staff respected their dignity and privacy. People's confidentiality was respected and their independence was promoted.

People's needs were assessed prior to commencement of the service to ensure their needs could be met. People's care records contained details of people's personal preferences, likes, dislikes and health needs. People's care plans were up to date and reflected people's current needs.

The registered manager sought people's opinions using satisfaction surveys and spot checks. People told us

they knew how to raise concerns and they were confident any issues would be promptly addressed.

The management regularly audited the quality of service delivered. The registered manager had a system to monitor the accidents to identify any trends or patterns. There was an open and positive culture at the service and clear lines of accountability. Staff commented they felt valued and they enjoyed working 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.

People told us they felt safe when staff supported them.

Staff were aware how to protect people from the risk of abuse and harm.

People's risk assessments identified how to keep people safe.

People were supported to take their medicines as prescribed.

There were sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were caring towards them.

Staff were able to give us examples of how they protected people's dignity and respect.

People told us that staff were aware of their choices, likes and dislikes.

### Is the service responsive?

Good ●

The service was responsive.

People told us they knew how to complain and we saw that any complaints would be responded to in accordance with the organisation's complaints policy.

Care plans contained information about people's backgrounds, preferences and any specific support requirements.

People told us they mostly knew what staff member was coming to their home.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who was well known to the staff team.

There were quality assurance procedures in place which monitored the quality of care provision and identified any shortfalls.

Feedback was regularly sought from people who used the service.

# SureCare Services (Wessex)

## 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 and 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 on 5 September 2016 and was announced. We told the provider before our visit that we would be coming. We did this because the management is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 4 people and 2 relatives. We also spoke with 3 care workers, the Registered manager and 3 professionals. We looked at four people's care records, 5 staff records including training and recruitment information and at a range of records about how the service was managed.

# Is the service safe?

## Our findings

People told us they felt safe when receiving support from the care team. One person said "I feel safe with the staff that come to see me. I know who is coming and look forward to seeing them". A relative commented "the staff are very good and I know that my relative is safe".

People were supported by staff that understood their responsibilities around safeguarding people from harm. The staff were familiar with the processes required to follow if any abuse was suspected. The provider had a process to record any safeguarding concerns so any trends or patterns could be identified. Staff were also aware they could report externally if needed. One staff member told us, "If I had any concerns I'd report to the office".

There were sufficient staff deployed to meet people's needs. The Registered Manager told us they were actively recruiting bank staff to ensure there were enough staff to meet the needs of people using the service. The Registered manager told us that they would only accept care packages if they had staff in place to meet people's needs. The Registered manager told us that they did not want to expand the business as they wanted to continue to provide a high quality of care and ensure that people were kept safe. People commented positively on the time keeping of the care workers. One person said, "We get the same carers most of the time and they come on time. There have been no missed visits". Another person said, "They come on time and stay the right amount of time". People's care files gave details of who their main carer's were. The provider ensured any new staff were introduced to people before care was delivered. We saw records of the introductory visits in people's files. People also confirmed that they were introduced to any new staff and that new staff shadowed more experienced staff when they started working for the agency. This meant that the person already knew the member of staff and were introduced to them before they were scheduled to deliver personal care. One member of staff told us, "I see (visit) regular clients (people)". There were systems in place to inform people if the staff were delayed or there was a change to the "expected staff member". People told us that this rarely happened but the system made them feel safe.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Individual risks around people's condition and their environment were assessed and recorded. We noted risks such as tripping, falls and bathing were in place. The risks outlined were followed by guidance for staff on how to manage these. Staff told us there were procedures in place for them to follow if for example they could not gain access to someone's property. Staff also explained that the Registered Manager was "very particular" about them carrying their identity badges so people know who they were.

People were mostly independent with taking their medicines and needed minimal support. One person we spoke with told us, "They supervise me taking my medication". Another person told us, "I can take my medication". Records confirmed staff had been appropriately trained to support people with their

medicines. We saw an example of a Medicines Administration Records (MAR) for a person who needed to be assisted with taking their medicines and noted there were no gaps. People's care files contained a list of their prescribed medicine including the dosage and purpose.

People were protected as the provider had a system of recording accidents and incidents. The Registered manager showed how these would be recorded.

# Is the service effective?

## Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "It is nice to have them, they are very good", "They are excellent and good company too" and "I think they are very well trained."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Staff comments included; "I am building my experience. The induction gave me confidence and the training has set me up for what I need to do" and "I have lots of training to help me meet peoples care requirements. This helps me to do my job well." Induction was thorough with lots of information and I shadowed an experienced carer for a couple of weeks which was extremely useful".

Staff told and records confirmed that staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one monthly sessions and group staff meetings. People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. One relative confirmed that he meals prepared by staff were of a good standard . Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Mental capacity training was included in the training programme that all staff were required to participate in. Staff were able to tell us about the MCA and how they applied this in their day to day work

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. People were also aware that they had a care plan in place although not all had signed a copy of the plan.

Care staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Peoples care records included evidence that the agency had supported them to access district nurses, occupational therapists and other healthcare professionals based on individual needs.

## Is the service caring?

### Our findings

We received positive feedback about the staff from people who used the service. One person said, "We get on well." Another person said, "They're good. Very friendly." Other comments included, "They're friendly, polite and very kind." Also, "They're fantastic." One relative told us, "They're very kind and patient." People told us they had a care plan in place. One person said, "They [staff] know my routine, but the new ones [staff] look at it." Someone else told us, "Yes there is a care plan."

All staff without exception told us that they loved their job and cared about the people they supported. One person said, "It's the people, I couldn't ask for better ." Another member of staff told us "I love my job. I would not do it if I did not " Someone else told us "They [people they support] make my day"

During our discussions with staff they were able describe how they protect people's dignity when providing personal care. One staff member said, "I always make sure I ask them before I do anything, just to make sure they are ok with it." Another staff member said, "I always close the doors and windows when I am providing support." People we spoke with told us they thought their privacy and dignity were respected and the staff we spoke to explained to us how they protected people's dignity and privacy when they are providing personal care, such as covering them with towels, and making sure blinds or curtains are closed.

We could hear conversations taking place during our inspection between the office staff and people who use the service. We could hear people were being spoken to with kindness, and staff demonstrated a good personal knowledge of the people who use the service.

## Is the service responsive?

### Our findings

People were provided with personalised care that was tailored to their needs. We asked people if staff arrived on time and if they know which staff would be coming. One person said, "they're very accommodating if for whatever reason I ask them to change the time. I had to this once for a hospital visit" Someone else said, " the staff always come on time and stay for the time that they should" Everyone told us the staff's time keeping was good and they usually saw the same faces.

Staff told us that they mostly saw the same people every day to allow them to build up a relationship with them. One staff member said, "I see the same people most of the time. Sometimes it changes at weekends or when other staff are on holiday." Most people we spoke with told us they had regular care staff, and would receive a phone call from the office to inform them if there was any change. One person said, "If they are going to be late, I get a call." Another person said, "They try to sort out any changes that I need."

Staff were knowledgeable about the people they supported and how they wished for their support to be delivered. People confirmed that their care was discussed with them and they were involved changes.

We looked at four care plans and saw they contained well-constructed information about the person's needs and how they wanted staff to support them. The care plans contained information about people's likes and dislikes and their backgrounds. People told us that they had a care plan in place.

People told us staff listened to any concerns they raised. People told us they knew how to complain. One person said, "I'd pick up the phone." Someone else said, "I've not made a complaint because I've been satisfied." Someone else said, "I'm aware of the policy, it's in the file." There had been no complaints raised at the agency in the last 12 months. However the registered manager was able to describe how she would manage these in accordance with the provider's complaints policy. People were encouraged to share their experience and complain if they felt they needed to. The complaints procedure was displayed in the office and each person received a copy when their care commenced. We saw this policy encompassed the procedure of the local authority as well as the provider's own policy and procedures.

## Is the service well-led?

### Our findings

There was a registered manager in post.

All of the staff we spoke with told us the management team were supportive. One person said, "[registered manager] is very fair and accommodating particularly around childcare." Staff told us the managers were approachable and nothing was too much trouble. All of the staff we spoke with told us they attend regular training and had regular supervisions. The training matrix and supervision table confirmed this. Staff told us they would feel confident to raise any concerns with the manager.

The registered manager and the staff were aware of every person's individual support plan and specific strategies to follow. They were also aware of each person's background.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in June 2016.

We enquired about quality assurance systems in place to monitor performance and drive continuous improvements. The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, moving and handling, medication, and risk assessments. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required.

The registered manager was very clear about the vision and values of the service, telling us that it was to provide a high level of individualised and personal care. The registered manager told us that they had no plans to expand the service as they felt that they would lose this ethos. They told us that most of the referrals they received were via word of mouth but would refuse care packages if they did not have the right number of staff with the right skills to meet people's needs.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow if they needed to.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.