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Surecare Exeter & East Devon

Inspection report

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Date of inspection visit:

30 October 2017

31 October 2017

Date of publication:

22 November 2017

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

Surecare Exeter & East Devon is registered to provide personal care and support to people living in their own homes. They also provide other services such as an enabling service, a sitting service and support with housework which are not regulated or inspected by the Care Quality Commission. At the time of this inspection they provided personal care to five people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

People continued to receive a service that was safe. The provider followed safe recruitment procedures before new staff began working with people. There was a low staff turnover, and people received a consistent service from staff they knew well. New staff were always introduced to them before they began visiting regularly. People told us the service was reliable. A relative told us staff were always, "Very much on time, within five minutes. She always stays the right amount of time. If there is anything extra we want she will stay on and do it."

People were protected from harm or abuse because staff had received training on safeguarding adults and were confident they could recognise any signs of abuse and knew how to report it. Risks to people's health and safety had been assessed, and measures put in place to minimise any risks where possible. Where people required assistance with their medicines, staff were well trained and followed safe procedures. People told us staff followed good hygiene and infection control procedures and used protective equipment where needed.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained, received regular supervision and were well supported. Staff understood the importance of respecting people's rights, offering choice and promoting independence.

People continued to receive care from staff who were caring. A relative told us, "They have been fantastic. We are more than happy." People received visits from small teams of staff, who visited the same time and the same day each week. The staff had built strong relationships with people. We observed staff being kind, patient and caring. A person told us, "She's (staff) very, very good. Very caring. I wouldn't be without them."

The service remained responsive to people's individual needs and provided personalised care and support. Before the service began, people's needs were assessed with them and a care plan was drawn up and agreed setting out each task they needed support with. Staff were given information on people's health and personal care needs. People knew how to raise a concern or complaint and told us they were confident any concerns or problems would be taken seriously and addressed immediately.

The service continued to be well led. People, staff and relatives told us the provider was approachable. Staff told us they were happy in their jobs and felt well supported. A member of staff told us, "Everything about the way [the provider] runs the company is perfect." The provider sought people's views to make sure people received a service that met their needs. The provider had monitoring systems which enabled them to identify any areas where improvements were needed.

Further 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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Surecare Exeter & East Devon

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 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. This was a comprehensive inspection.

This inspection took place on 30 and 31 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. We also wanted to give them sufficient time to speak with people who use the service and seek agreement that we might visit people in their homes to find out their views on the service.

The inspection was carried out by one inspector. On the first day of the inspection we met the provider (who is also the registered manager) at the agency office where we looked at records relating to the service. On the second day we visited two couples and another person in their own homes with their permission. During our visits we also met one relative. During the inspection we also met three members of staff.

Before the inspection we looked at information we had received about the service since the last inspection. This included a Provider Information Return form (PIR) the provider had sent us. We had also received five completed questionnaires from people who used the service, one from staff, one from a relative and one from a community professional.

During the inspection we looked at records relating to the care people received. These included four care plans, medicine administration records, and daily notes. We looked at staff recruitment, induction, supervision and training records. We looked at the way the service planned visits to people and staff rotas. We also looked at records relating to the management of the service including quality monitoring checks and systems.

Is the service safe?

Our findings

People continued to receive a service that was safe. The provider followed safe recruitment procedures before new staff began working with people. Recruitment files contained evidence of checks carried out, references gathered and an interview procedure before staff were employed. This showed the provider had taken care to employ staff who were suitable for the job. We asked a relative if they felt their loved-one was safe when receiving care and they replied, "Definitely! Staff have visited us for years." They told us they sometimes went on holiday leaving the person at home, and staff provided 24 hour support during these periods. They told us they felt very confident they could go away knowing the person would be safe. They told us, "She is quite happy with them".

There was a low staff turnover, and people received a consistent service from staff they knew well. People told us the service was reliable. A relative told us staff were always, "Very much on time, within five minutes. She always stays the right amount of time. If there is anything extra we want she will stay on and do it." People always knew who would be visiting them because the same staff visited each time, and at the times agreed. If there were any changes, for instance when their regular staff went on holiday, they always received a telephone call from the agency to let them know who would be visiting and the time of their visit. New staff were always introduced to them before they began visiting regularly. A relative who completed a questionnaire before this inspection told us, "Surecare is a small organisation with great friendly staff. The consistency of the staff is essential as my parents both have dementia. Surecare always provide the same staff or introduce others very well."

People were protected from harm or abuse because staff had received training on safeguarding adults and were confident they could recognise any signs of abuse and knew how to report it. Risks to people's health and safety had been assessed, and measures put in place to minimise any risks where possible. For example, where people were living with dementia, staff understood the possible risks to their safety and how to support them to remain safe. The provider followed safe systems to ensure key codes to enable staff to access people's homes were held safely.

Where people requires assistance with their medicines, staff were well trained and followed safe procedures. Medicines were recorded on a medicines administration record (MAR) each time staff administered a medicine. The names of each medicine and dosage were listed on the MAR, but the records did not contain any additional important information about the medicines. The provider acted immediately to put in place new MAR forms which provided more space for important information. On the second day of the inspection a member of staff told us they had already been given instructions on the new MAR and said they felt they were much better than the forms they had previously used.

People told us staff followed good hygiene and infection control procedures and used protective equipment such as gloves, aprons and hand gels where needed.

Is the service effective?

Our findings

The service continued to provide effective care and support. Staff were competent in their roles and had a very good understanding and knowledge of the people they visited which meant they could effectively meet their needs. New staff received thorough induction training at start of their employment. Staff also received a range of ongoing training and regular updates on health and safety topics, and on topics relating to the needs of people who received the service. These included training on dementia, skin care, depression and anxiety. Staff were supported to gain relevant qualifications such as diplomas, and to complete in-depth training courses on topics such as end of life care and the safe handling of medicines.

People received a service from staff who were happy in their jobs and who felt valued and well supported. The provider told us in their PIR "We ensure our service is effective because we not only put our clients' needs foremost we respect our staff's wishes of when they are available to work. We are a small team and know our staff and clients well." During the inspection the provider told us they felt it was essential to make sure their staff were well supported. They said, "If we keep our staff happy, they keep our clients happy." Staff received regular supervision, attended staff meetings, had contact by telephone from the provider and office staff, or made visits to the office each week where they received ad hoc supervision and support. A member of staff told us the provider "looks after the staff. If I want an afternoon off, it's OK. She's just got it right. It's a lovely company to work for." Staff told us the provider always asked them each week if they were happy to carry out the visits planned for them the following week, rather than telling them what they had to do. This meant staff knew the people they were expected to visit each week, the times of the visits, and they were confident they would be able to carry out the visits as planned.

People were supported to maintain good health, and have access to healthcare treatment and advice if necessary. Staff understood each person's health needs and recognised signs of ill health. Staff offered to contact health professionals for appointments, and were happy to take people to appointments, for example to doctors, dentist, or hospital.

Staff understood the need to seek people's consent before providing care. They had received training on the Mental Capacity Act 2005 (MCA). Where people were unable to make important decisions about their lives the service knew who had legal authority to act on the person's behalf, and maintained good contact with them. They held copies of documents such as Power of Attorney (POA) and Treatment Escalation Plans (TEP). Relatives told us they had very good communication with the provider.

Where people needed support with meals and fluids, the provider ensured their nutrition needs were well met. Some people had main meals delivered to their door from other companies, and others received support from staff to have meals cooked in their own home that suited their dietary needs and preferences. Where people were at risk of ill health due to weight loss staff supported them to seek medical guidance and support, and followed professional advice to ensure the person maintained a safe weight and received a healthy diet.

Is the service caring?

Our findings

People continued to receive a service that was exceptionally caring. People received care from small teams of staff who visited them regularly and knew them well. This enabled staff to build up positive caring relationships with people. Staff recognised each person's unique personality, the things they liked, and the things that might upset them. Where people had conditions that might affect their behaviour, staff understood the reasons why people may become angry, or may behave in a way that might cause offence. Staff continued to treat each person equally, as valued human beings, in a caring and respectful manner, and regardless of their beliefs or background. Staff spoke with fondness and respect for each person they visited, and demonstrated a determination to support people to remain happy and fulfilled. The provider told us one person who had a history of anxiety that sometimes led to anger often rang the agency office "just for a chat". They recognised the importance of giving the person emotional support in this way, and told us how it helped the person remain calm.

We heard many examples of how staff had gone 'above and beyond' their call of duty. A member of staff told us how they stayed on at the end of a visit to sit and chat with a person and do jigsaw puzzles with them. A relative told us, "They are all conscientious, caring." They also told us the staff always asked permission before carrying out any tasks and were "sensitive to what is needed." A person told us the member of staff who visited them regularly was "Super!"

Staff listened to things people said, and noticed little things that made a big difference to the person. Staff noticed when people were running out of essential items such as food, and made sure they always had sufficient provisions in place. A member of staff told us they noticed a person had run out of their favourite sweets. They purchased some before their next visit and told the person, "I know you forgot your [name of sweets] yesterday so I brought you some". Staff also did things for people in their own time, for example a member of staff took material home to make up a set of curtains for one person. They heard later from relatives that the person was "over the moon" with appreciation for the kindness shown to them.

Staff kept in regular contact with the provider and office staff and sought advice and agreement on how to support people if they noticed a person had a problem or illness that required additional support. They also kept in touch and consulted with families to seek solutions, and to ensure people's needs were met and people remained happy. For example, we heard about a person whose home environment had become unsafe. The staff took a "softly, softly" approach to seek the person's agreement, liaise with their family and professionals involved in their care. They helped the person make their home safe and comfortable. The person's daily life and general comfort and happiness was much improved as a result of their actions.

Care plans were personalised and explained the things that were important to the person. This meant staff knew the small things that meant a lot to each person. For example, one person liked a liqueur coffee at the same time each day. Staff knew this and made sure the person's preferred daily routines were upheld. Where people were living with dementia staff had spoken with relatives to gather as much information about the person's past life as possible. This helped the staff to chat to the person about their lives, and to reminisce about happy times in the past. Staff encouraged people to make choices, for example the clothes

they wanted to wear, or what they wanted to eat, and to remain as independent as possible.

People were supported by staff who ensured their privacy and dignity was respected and promoted at all times. Staff explained how they made sure personal care was always carried out in a dignified and respectful way, making sure the person was covered up, curtains and doors closed to maintain privacy. Care plans instructed staff to maintain privacy, for example "Ensure privacy when using the commode."

At the time of this inspection there were no people receiving end of life care. The provider told us that in the past they have provided end of life care for people. They had liaised closely with relevant professionals such as community nurses and Hospice professionals. Staff had received training on end of life care. We heard an example of how staff supported people to cope with loss and bereavement. A person who suffered poor health experienced the death of their son. The person had little support from their family so the member of staff helped the person organise the funeral. The member of staff attended the funeral and was one of the pall bearers. A letter to the agency from a bereaved relative said, "I do want you to know that I am very grateful for all the care you gave [person's name] and me, especially in the last weeks of his life." They went on to say, "You reassured us by your care and concern that it was going to be ok and that was very helpful. And we had lots of laughs, didn't we, which was great."

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs.

People's needs were assessed and agreed with them, and staff ensured each person received a service that was personalised and met their individual needs. The provider told they also involved people's relatives in planning and reviewing care needs. Relatives told us the provider kept in regular contact with them. Care plans were drawn up and agreed with people and these provided information in sufficient detail to staff to ensure people received a service that met their needs. The provider continuously assessed any changes in needs and the service was flexible and adapted to any changes in needs. The provider told us "We focus on the positives, not just their current illness."

We heard examples of how people were supported to lead fulfilling lives and to regain or maintain independence. For example, one person who had previously never left their home had been supported by staff to regain their confidence to go out into the community. A member of staff described how they persuaded a person to go out one day when the weather was sunny. The person was initially reluctant but after a little gentle persuasion agreed to go out. The member of staff said, "He loved being out in the fresh air, was very talkative and happy for the rest of the day"

People were positively encouraged to maintain hobbies and interests. The provider had built up a range of books and jigsaw puzzles that people could borrow. Staff regularly went with one person to the cinema and to local places of interest, and supported them with hobbies such as gardening. We heard how people were supported to attend college, go swimming, or to go out for lunch. A person who experienced difficulty interacting with people was supported by a member of staff to gain new friendships. They liaised with the person's family before supporting the person to exchange telephone numbers with a person they met at college. The person found they shared common interests with their new friend.

A person who enjoyed going out with staff was supported to visit a place with strong childhood memories and mixed emotions. The person was able to confront some past fears, and told the member of staff they were really glad they went because they found it was a much better place than they had remembered. The staff's knowledge and understanding of the person's background helped the person to talk about their past and come to terms with upsetting memories.

People told us they knew how to make a complaint and they were confident any concerns or complaints would be listened to and addressed promptly and to their satisfaction. For example, one relative told us that in the past they had raised a concern with the provider and they had acted immediately. None of the people we met or relatives we spoke with said they had any current concerns or complaints.

Is the service well-led?

Our findings

People continued to receive a service that was well-led.

People we visited and their relatives told us they were completely satisfied with the way the agency was run. The provider contacted them regularly and sought their views. A relative told us the provider and office staff, "Keep in touch. They asked us to complete a questionnaire about a year ago. It is well run. It is a small concern. Everyone knows everyone." Before this inspection we contacted a community professional who told us, "They were professional, helpful and person centred. They listened to the concerns about risk that were shared with them, and acted accordingly. They were flexible in their provision and were reactive to the client and family's needs. The family always had high praise for them."

The provider is also the registered manager of 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.

The provider kept up their learning and skills in various ways. They were a member of, and attended, Devon Independent Care Providers Association (DICPA). They attended training, workshops and conferences organised by the local Social Services department. They also carried out research to ensure people received a service tailored to their individual needs. For example they researched health conditions such as diabetes, and provided training to staff based on their findings to ensure people's needs were met.

People, staff and relatives told us the provider was approachable. Staff told us they were happy in their jobs and felt well supported. A member of staff said, "Everything about the way [the provider] runs the company is perfect." Another member of staff told us the company was well run saying, "I have never looked back since (previous job). It's lovely. [Provider's name] has got a lovely little business." The provider kept in touch with staff each week through telephone contact, training, supervision and visits by staff to the agency office. They sent out monthly newsletters to staff with a wide variety of topical news, updates and information.

The provider had monitoring systems which enabled them to identify any areas where improvements were needed. The provider was part of a franchise who provided support, policies and procedures, monitoring systems and training opportunities. The provider told us in their PIR, "We are part of a franchise that hold regular regional meetings where they provide updates and the various franchises can discuss and share information". The franchise company also carried out monitoring and support visits to the agency office.