ASD UK Network LTD

SureCare Oxfordshire

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?	Requires improvement

Overall summary

We undertook an announced inspection of SureCare Oxfordshire Domiciliary Care Agency (DCA) on 13 October 2015. We told the provider two days before our visit that we would be visiting. SureCare Oxfordshire provides personal care services to people in their own homes. At the time of our inspection 58 people were receiving a personal care service.

There was a registered manager in post. 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's needs were assessed and where risks were identified, management plans were in place. People felt safe and knew who to contact if they became concerned or felt unsafe. Staff had received safeguarding training and knew when and who to report to if they had concerns.

Summary of findings

Staff were knowledgeable about the people they supported and had access to development opportunities to improve their skills. Staff received support they needed to carry out their jobs safely and effectively.

People were happy with the service. People praised the care staff and talked positively about their caring approach. There was a positive, caring culture, promoted by the management team. Staff were enthusiastic about their work.

People were involved in assessments about their needs and in planning their care. Any concerns or complaints made had been investigated efficiently and in line with procedures.

There were systems in place to enable the service to gather feedback from people. Quality assurance systems were in place to enable the service to identify areas for improvement. The service was well led by a registered manager who was well supported by the provider of the service and it was clear they worked closely to ensure the quality of the service.

The provider was not always sending notifications to CQC as required by the conditions of their registration. We have made a recommendation regarding their responsibility to send notifications.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe and people told us they felt safe.

Staff understood how to report safeguarding concerns and had received training in safeguarding.

People had up to date risk assessments and regular reviews to ensure information was relevant to keep them safe.

Good

Is the service effective?
The service was effective. People were supported by staff that had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Good

Is the service caring?
The service was caring. People reported that staff were kind and caring and they were treated with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Good

Is the service responsive?
The service was responsive. People and their relatives were involved in developing their care plans and they gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed in consultation with others prior to receiving any care to ensure their needs could be met.

Good

Is the service well-led?
The service was well led. The registered manager had systems in place to monitor the quality of service. Learning was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

The service had a culture of openness and honesty and the provider and registered manager had a clear vision for the future.

The provider was not always notifying CQC of notifications required as a condition of their registration.

Requires improvement

SureCare Oxfordshire

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 on 13 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. The inspection team consisted of one inspector.

At the time of our inspection there were 58 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with five people who were using the service. We spoke with five care staff, the provider and the registered manager. We reviewed five people's care files, five staff records and records relating to the general management of the service. We also spoke with two commissioners of the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. Comments included: "Of course I do!" and “Yes, I feel very safe”. People knew who to contact to raise concerns and had the contact details to enable them to do so. Comments included “I would call the office who have always been very helpful”.

There were sufficient staff to meet people’s needs. People told us staff were punctual and always stayed for the required length of time. No one we spoke with had experienced missed visits. People we spoke with said they were contacted if staff were going to be late. Staff told us they had sufficient time to meet people's needs and to travel between visits. One care worker said, “Yes, I have enough time to carry out my visits”.

The registered manager told us recruitment was on-going and they only took on new care packages when they were sure there were sufficient staff to meet people’s needs. We were told if there were shortfalls in staffing the supervisors could step in to help.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes to ensure they were safe and of good character. Staff files evidenced identity checks, work permits (if needed) and disclosure and barring service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Where needed disciplinary procedures had been followed and meetings had taken place. Increased unannounced spot checks were carried out to ensure concerns were monitored and issues resolved.

Staff had received safeguarding training and understood their responsibilities to identify and report any concerns. Staff were aware of the organisations policy and procedures. Staff said they would report any concerns to the registered manager and would contact CQC if they felt issues had not been dealt with appropriately by the management of the service. The provider took appropriate action and reported concerns to the local authority and CQC.

People had risk assessments in place. Risk assessments included: mobility, manual handling and choking risks. Recommendations from a speech and language therapist were detailed and staff had knowledge of this and it was detailed in the care plan. Risks noted had been actioned. For example, there was a record of the occupational therapist being informed about the need to assess someone’s property due to dislodged paving slabs which presented a risk of tripping and injury. A visit had been planned following this referral. Staff were trained in food hygiene and infection control to ensure they understood how to protect people from these risks. Staff said they had adequate supplies of protective aprons and gloves.

The service had a business continuity plan to ensure the service continued in the event of damage to premises or severe weather. The management confirmed what would be needed, for example, having mostly local staff assisted with people continuing to receive a service during severe weather.

Where people required support with the administration of medicines or application of creams and ointments, information was in their files. Staff were trained in the administration of medicines and application of creams and ointments and their competency assessed before administering. Most medicines were administered from a monitored dosage system and staff signed to confirm the number of tablets administered. Where medicines could not be administered from a monitored dosage system, systems were in place to ensure staff followed accurate instructions in line with Oxfordshire Joint Shared Care Protocols. These protocols had been agreed between stakeholders in Oxfordshire to ensure a consistent, safe approach to the administration of medicines in the community. Staff we spoke with knew their responsibilities relating to the administration of medicines.

Good

Is the service effective?

Our findings

People we spoke with were happy with the service they received. We spoke with one person who said “I am very happy with them. They are usually on time but if they are late they always apologise”. This person said care staff always left detailed notes for the next staff member to ensure clear communication. This person also said their skin had improved since the care staff had been visiting due to the application of creams and was very grateful for this. They described the care staff as “Brilliant”. Another person stated they liked the way care staff cooked and the way they assisted them dressing.

Staff completed an induction programme before working on their own to support people. One staff member told us "I completed lots of training online and had manual handling training. I also shadowed other staff until I felt competent to work alone. I never felt pressured to do this before I was ready and confident to do so”. Another staff member said “If anything there was too many meetings in the beginning, but I realise this was to ensure I felt supported”. The service is planning to ensure all staff undertake the Care Certificate. The Care Certificate is a nationally recognised qualification which has been developed for care workers to ensure they provide compassionate, safe and high quality care and support.

People told us staff were competent in their care tasks. People were supported by staff that had the skills and knowledge to meet their needs which included: administration of medicines; first aid awareness; moving and handling; dementia and end of life care. One staff member described how she had shadowed staff using a hoist and was observed herself before being allowed to do this unsupervised. The registered manager ensured staff were competent following completion of on-line training by regular monitoring visits of staff in people’s homes. These checks included observations of communication skills, friendliness, knowledge, reporting information, recording and ability to meet people’s needs. These reports were then reviewed by the provider and registered manager to ensure quality of care. However, some of these checks were undated which meant we were unsure when these checks had last been carried out. This was discussed with the provider and registered manager who agreed to ensure these were dated on all occasions.

Staff received regular supervision to ensure they had the support needed to effectively do their jobs. Comments included: “I am having supervision this afternoon. It is very helpful and supportive”. Staff had also undergone probationary reviews after they had started and an annual appraisal to look at development in their careers. Staff had achieved vocational qualifications in social and health care. One staff member told us that management had encouraged them to do a national qualification in care and were looking forward to completing this. This staff member said “The service is very keen to ensure everyone progresses in their roles”.

One person told us, "They (staff) always ask my consent, they are so respectful". A person told us the service was adaptable with their care package and reduced this when it was apparent that care was not needed in the evenings as initially thought on discharge from hospital. Staff understood the importance of seeking consent and providing choice. One member of staff said “It is entirely my client’s choice in everything. I am here for them”. People we spoke with said that staff always asked for their consent, in particular when supporting people with personal care.

People who use the service felt they had been involved and consulted with appropriately. The service stated they always consult with professionals around mental capacity assessments and we saw evidence of this. The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. Staff received training around mental capacity and were able to speak with us about the key principles of the MCA. For example, one staff member told us they had become concerned about a carer looking after their spouse who appeared to be having some problems with their memory. This staff member had suggested that an assessment should be carried out to ensure the relative was managing and they were still able to manage safely. The service ensured this was passed on to the relevant professionals. People’s care records included mental capacity assessments and records of best interest decisions. Best interests decisions made had included health and social care professionals. Staff told us they always presumed capacity and recognised this could change depending on the person’s health. Staff said they respected people’s selection of clothing and food to ensure they maintained choice and stated how important it was to ensure people retained as much independence as possible.

Good

Is the service effective?

Where people required food to be prepared, people told us they chose what they wanted to eat and drink. Care plans contained details of people's nutrition and hydration needs and the support they required. For example, one person had some difficulty swallowing. The care plan had detailed information about how to assist the person in line with professional guidance.

People we spoke with had access to health professionals. One person told us, “My care worker has taken me to the doctor if needed”. Staff kept the registered manager updated about any concerns and health professionals were contacted on behalf of the person, including GP's, occupational therapists, social workers and district nurses. This ensured that people living in their own homes who may be isolated were able to be referred without delay to ensure their wellbeing and safety.

Good

Is the service caring?

Our findings

People spoke positively about the care they received and the staff. One person said care staff were “Polite, caring and always chat”. We saw written feedback which included comments: “Care package going well. Happy with all your staff and their attention and details – please pass on our praise”; “Thank you for giving us some peace of mind and time to attend to the urgency of finding the right care for my (relative) during a time of crisis. Showed sensitivity, patience and understanding when we needed it” and “Happy to recommend your service in future”.

The registered manager and provider promoted a caring culture and were positive and confident about the caring nature of the care team. We saw comments in the service records stating that a care worker had offered to visit a client when they were placed in a nursing home and the family had replied stating “Pleased with the care given from yourselves – meant (relative) was with us longer than (they) may been able to”.

The service focussed on matching staff to people when planning care visits. For example, what the person enjoyed doing and then match with care workers with similar interests. They also took into account personality such as humour or a quiet person and tried where possible to match care workers to them. Introductions took place before care commenced.

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I love working for SureCare and “All the people I support are lovely”. Care workers told us about the importance of developing good relationships with people and their families.

People were treated with dignity and respect. People's choices were respected and care staff supported people to make informed decisions. For example, two people’s care plans had a note about a preference for a specific gender to provide their care. When checked with the individuals it was confirmed this was happening. One person told us they felt “Very relaxed with them (care staff)”. This person said they could always talk to their care staff if they felt concerned about anything and care staff were always asked consent and were respectful during this care.

People told us they mostly had regular care staff who knew them well but not always. Caring relationships had been formed and people felt this improved their quality of life. Care staff understood the importance of building relationships of trust and respect to enable people to feel confident and comfortable about care staff coming into their home. A person we spoke with said they would have “No hesitation in recommending the service”.

People’s care files contained a statement about confidentiality and sharing information and who can access information. These were signed by people. People had also received information telling them about the service, how to complain and a statement of purpose.

The service provided palliative care for some people. Some staff had received Level 3 Certificate in Understanding Palliative Care. The service had received feedback from a family member: “Thank you for the care and attention to detail you gave to my (relative) in the last weeks of (their) life. You went above and beyond the call of duty for (them)”.

Good

Is the service responsive?

Our findings

People's needs had been assessed before using the service. People were involved in developing their care plans. Relatives and professionals were involved in the assessment to ensure all information was accurate. Care plans showed consent to care and treatment which were signed and dated. People's care was regularly reviewed to discuss whether people's needs had changed. One staff member stated "Care plans are very clear and helpful". People's daily records were detailed and gave clear and accurate information. This meant when people's needs changed it was documented and passed to the office team to take appropriate action. For example, changes to medication or care tasks to be completed.

Care plans contained information on people's medical conditions, mobility, communication, nutrition and personal care. Care records contained visit planning sheets which stated times of visits and support needed. This meant both the care staff and person receiving care knew when to expect support and what was expected to be done. One person's record contained a photo of an environmental control system. An environmental control system enables devices to be controlled without the need for physical input. For example, telephones and computers can be used by people without full control of their arms and hands. This system has to be set up correctly and a photograph and other instructions were on the file to ensure this was adequately done by care staff.

People told us they felt able to make complaints and knew how to complain. We saw the service responded to complaints in line with the organisations complaints policy. For example, one person's relative had complained about their family member not getting enough support. The registered managed acted immediately and arranged a meeting involving a number of social and healthcare professionals to discuss the concerns and see what additional support may be required. We also saw another complaint had been responded to appropriately with the service contacting the local authority and police to ensure matter was addressed transparently. One health professional said when they had raised any issues they had been "Responded to immediately and dealt with well".

The service worked closely with hospitals under the Home from Hospitals scheme. They ensured staff had all the information necessary to provide support to meet the person's needs when they returned home. People's needs were reviewed after a short period to ensure the support was still needed. For example, one person's family felt the person's needs had reduced and reported that the service responded to this suggestion efficiently and tailored the package to their needs at that time.

People were asked for feedback about the support they received. This feedback was used to check the quality of the service and to ensure people's needs were being met. Results of a survey carried out in August 2015 were positive.

Requires improvement

Is the service well-led?

Our findings

Accidents and incidents were recorded and investigated. We did note that not all incidents had been notified to the CQC as required. Notifications are information about important events the service is required to send us by law. This was raised with the provider and registered manager who acknowledged the need to do this. However, this had not impacted upon individuals as we saw evidence of appropriate action taking place to manage any risks, such as referring to occupational therapists and social workers, for further action.

People described the service as well led. People knew who the registered manager was and told us, “I can pop into the office and they are always courteous and polite to me”.

Staff we spoke with said the management was good. Comments included: “The service is managed well and the support is very good” and “The manager is brilliant”. The provider and the registered manager demonstrated good leadership qualities. If a situation occurred that was not in line with policy, management met with the staff member to ensure the situation did not happen again. For example, one staff member told us “I had a difficult situation arise and when management were told they dealt with it very professionally, offering support to both me and the other person. This gave me great confidence in the way things were dealt with ensuring people’s safety”. Staff said they felt supported and always had someone to discuss things with during working hours. The service used external resources for HR and legal advice which ensured they were following current and correct procedures and were always available for support and advice.

The service regularly reviewed the quality of the service. People who use the service were asked for feedback via questionnaire or a phone call, for example, a person had stated a preferred gender of staff and this had been actioned. Staff reviewed support plans at each visit. Senior staff conducted unannounced spot checks on staff to observe the quality and safety of staff practice.

The service had a regular communication with health professionals. This included working closely with the district nurses, GP’s, continuing care team, occupational therapists and physiotherapist teams, social services, community mental health team and SALT team (speech and language team). One professional we spoke with told us, "They deal with any concerns or complaints effectively and efficiently and are approachable and eager to please. They try and match the client’s personality with the care staff”. Professionals and relatives were involved with reviewing people’s care plans and best interest decisions.

The service valued feedback from staff to help improve the quality of the service. Staff said “Our views are always taken on board around care to individuals and suggestions of changes to make improvements”. Team meetings did not take place very frequently due to the majority of staff being part-time, however, staff confirmed that they felt part of a team

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. All the care plans we saw had been recently reviewed.

Staff knew how to raise concerns. There was a whistle blowing policy in place that was available to staff and had knowledge of the process of using this and who to contact. This policy, along with all other policies was provided to staff in the ‘Staff handbook’ they received when they joined the service.

The provider’s statement of purpose was contained in all care plans and was available to people. This listed the services aims and objectives, described the care they could provide and who they could provide care to. The service was planning to have a Dignity Champion which is a scheme set up the National Dignity Council. The aim of this is to work individually and collectively ensuring people have a good experience of care when they need it. The service were members of Oxfordshire Association of Care Providers which enabled them to share and promote good practice through networks. They were also members of United Kingdom Homecare Association Ltd (UKHCA).

We recommend that the service refer to guidance about the requirement of submitting notifications at www.cqc.org.uk