

Surecare North Leeds Limited

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## 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

About the service: SureCare North Leeds is a care at home service that was providing personal care to 20 older people at the time of the inspection.

People's experience of using this service: We received positive feedback from people regarding the service they received and the staff who supported them.

The service had made improvements to their care plans since our last inspection and made them more personalised.

Audits and systems were effective at supporting the registered manager to monitor the service and make improvements.

There was a quality assurance system in place and people completed surveys several times a year. The comments made by people were acted on. The service was able to show how they used people's views to improve the quality of the service.

Risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

People spoke positively about the registered manager and told us they were responsive and approachable.

Robust recruitment and selection procedures ensured suitable staff were employed.

Staff received appropriate training and support to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink.

Healthcare professionals were involved in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings, group messages and phone calls.

People were supported to be independent and their rights were respected. Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at

[www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (report published 6 April 2018)

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service. If any concerning information is received, we may inspect sooner.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# SureCare North Leeds Limited

## **Detailed findings**

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using services and in this instance, they had experience of using and caring for older people who use care at home services.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people and disabled adults. Not everyone using SureCare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the provider one days' notice of the inspection site visits because some of the people using the service could not consent to a home visit or calls from an inspector and we needed to make these arrangements appropriately.

Inspection site visit activity started on 3 April 2019 and ended on 4 April 2019. We visited the office location on 3 April 2019 to see the manager and office staff; and to review care records and policies and procedures. Calls to people who used the service took place on 4 April 2019.

What we did: The provider had completed a Provider Information Return. 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. The information provided by the provider was used to plan our inspection and was taken into account when we made judgements in this report.

We looked at other information we had including notifications received from the service and other healthcare professionals including the local authority safeguarding and commissioning teams.

During the inspection we carried out telephone interviews with two people, six relatives and three care staff. We spoke with the manager, care co-ordinator, nominated individual and a local authority commissioner.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed three medicine administration records and daily notes for people as well as records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicine administration records (MARs) were completed appropriately with no missing signatures.
- The provider completed audits to review MARs and these were picking up areas for improvement and this was acted upon by the registered manager with staff.
- Care plans, medicines records and records were being used to support people to take their medicines and feedback from people was positive
- Medicines records contained information for application of topical medicines when required.

### Systems and processes to safeguard people from the risk of abuse.

- Staff received safeguarding training and raised concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.
- People were aware of what safeguarding meant and told us they felt safe with care staff.
- The provider reported safeguarding incidents in line with set protocols to the local authority safeguarding adults team for investigation and appropriate action to be taken.

### Assessing risk, safety monitoring and management.

- People had both general and individualised risk assessments which were regularly reviewed and followed by staff.
- Where risks were identified, care plans showed ways in which staff could mitigate these risks.

### Staffing and recruitment.

- There were enough staff to meet people's needs individually and safely.
- Safe recruitment procedures were followed.
- People felt safe with the staff who supported them and they told us they never had a missed call and that staff were on time.

### Preventing and controlling infection.

- Staff had a plentiful supply of personal protective equipment such as gloves and aprons to use in to prevent the spread of infection. People told us staff wore them when administering medicines and when helping them with personal care.
- Staff received infection control training and regular hygiene spot checks.

### Learning lessons when things go wrong.

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise any

risk of further incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principals of the MCA.

- Where appropriate people had signed consent forms to say they were happy for care to be provided.
- Where relatives held Lasting Power of Attorney for health and welfare care based decisions, a copy of this was in people's care plans. This is a legal process that allows designated individuals to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- People were encouraged to make decisions and told us staff always sought their permission.
- Health professionals completed capacity assessments. Where necessary the service had completed best interests reviews and decisions to ensure people received appropriate care.

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

- People's preferences, care and health needs were assessed before they began to use the service.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs and essential training was up to date.
- Staff received regular supervisions and appraisals to support their personal development.
- New employees completed an induction programme; they shadowed more experienced members of staff to get to know people before working with them.

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

- People's dietary needs were met. Staff were aware of people's dietary needs and kept up to date records.
- People were helped by staff with shopping and preparing meals.
- People told us they were happy with how the staff helped them with their food and drinks. One relative told us, "They are experienced carers who know what they are doing. They make meals for mum and she is picky."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- Staff worked regularly with external professionals to support and maintain people's health, for example GPs and community nurses.
- Staff supported people to attend health appointments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff treated people with kindness and respect.
- From the feedback we received it was clear there was a positive rapport between people, support staff and management.
- People were supported to maintain relationships.
- Positive feedback was given about staff and their caring attitudes. One relative told us, "They come to discuss if my relative has any other needs. They are always nice pleasant lasses, I can't complain."

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

- No one using the service had an advocate but information was available to people and staff.
- Staff supported people to exercise their rights and make decisions; they knew the people they cared for very well and were able to give many examples of how they achieved this.
- People told us they were involved in their care. One relative told us, "We all discussed the care plan the other week we review it every three months with the carer, we are still happy with it."

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to remain as independent as possible. One staff member told us, "We always ask and never do anything without asking the person first. I get them involved in tasks to keep them active and independent as I can."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. One person told us, "They are definitely kind, they do my hair, pampering and do everything. I can't say anything bad about them."
- Staff respected people's privacy when visiting them at home and offering personal care. One staff member told us, "I always make sure people are covered up, curtains closed, it's so important."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection in April 2018 the provider breached regulations relating to personalised care records. During this inspection we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Improved care plans were personalised and included people's choices, preferences and history. These were written in the first person.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- The support people received was individual to their needs and delivered in a person-centred way. One person told us, "The manager comes to look at the care plan once a month and discusses it with me. I am happy with it."

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place. The registered manager was responsive to concerns received and records were in place to show any outcome. People knew who to go to if they had any concerns or a complaint to make. One relative told us; "If I had a problem I would ring the manager at SureCare. If there's anything at all he would deal with it as soon as possible."
- People could ring the office to raise any small concerns or issues at any time and these were recorded, monitored by the registered manager and were responded to effectively. One person told us, "We had reviews with staff. I am happy with it. I have no complaints, if I did I would tell the manager. I can text, email or phone."
- Information was available to people in different formats if requested to ensure people could access information in the most convenient way.

End of life care and support.

- People were supported to discuss any choices they wanted to make and person-centred end of life care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance measured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had a business continuity plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- Feedback from people regarding the management of the service was positive and one person told us, "I couldn't ask for more they are total professionals. The manager never lets me down, always keeps me in the loop. The management are very experienced, that gives me peace of mind."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager adhered to company policy, risk assessments and monitored incidents to promote high quality person-centred care.
- Analysis of incidents reduced the risk of any further incidents happening.
- All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC about significant events that had occurred.

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

- There was a good system of communication to keep staff, people and their families informed of what was happening within the service.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked for their views on the service in regular surveys and these were used to make changes.

Continuous learning and improving care.

- People spoke positively about the registered manager regarding how they took on board people's opinions and views to make improvements. A care co-ordinator had recently been employed in response to people's feedback.

Working in partnership with others.

- Effective partnerships with other organisations were in place. For example, the registered manager worked in partnership with a local care home to use their facilities for staff manual handling training.