

Scotgren Limited

SureCare Services (Wessex)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 December 2018 and 11 January 2019. Both days of the inspection were announced. The last inspection of the service was in September 2016. At that time, the service was rated good and there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the rating of the service had deteriorated to requires improvement.

SureCare Services (Wessex) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and adults living with dementia or a physical disability, a mental health disorder or sensory impairment.

Not everyone using SureCare Services (Wessex) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. They had worked at the service for approximately 20 years. 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 registered manager was available throughout the inspection.

At this inspection, we found management responsibilities had not always been fulfilled effectively. This was because audits had not identified some shortfalls and sufficient action had not always been taken.

During the period of the inspection, an allegation of abuse was made. The registered manager took appropriate action regarding the alleged abuser but did not review the procedures and the support of others, in relation to the allegation. This did not ensure additional safeguards were put in place.

People's medicines were not always being safely managed. Information was not available to staff to ensure 'as required' medicines were administered as prescribed. Staff had not consistently given a person their pain relief as they believed it made them sleepy. A review of the person's medicines had not been requested.

Not all staff had completed up to date training in topics such as the safe handling of medicines, safeguarding and moving people safely. This did not ensure staff had the required skills to support people safely and effectively. Not all staff had been regularly observed whilst working with people. This lack of supervision did not demonstrate staff were working in line with management expectations.

People's support plans, whilst regularly reviewed, varied in their content. Some information was detailed and showed people's preferred routines. Other information was not as clear and follow up action was not

always documented.

People received a reliable service, which was responsive to their needs. They were supported at a time that was convenient to them. There were no concerns about missed or late visits.

People were supported by a single member of staff or small team. This enabled established relationships to be built. Staff knew people well and were clearly aware of their needs. People were complimentary about the staff supporting them.

New staff were safely recruited. Staff received a comprehensive induction to help them become familiar with their role. Staff felt well supported and were complimentary about the registered manager and their management style.

There was a strong, caring ethos and people were treated with kindness and compassion. Staff promoted people's rights to privacy, dignity and independence.

People were fully assessed before being offered a service. This enabled people to discuss their requirements and be assured the service could meet their needs.

People were encouraged to make decisions and direct their support. People were supported with meal preparation and housekeeping tasks if this is what they wanted.

During the inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made two recommendations.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's medicines were not always safely managed.

Risks were not always identified.

There were sufficient staff to support people safely.

Safe recruitment practice was being followed.

Is the service effective?

Requires Improvement ●

The service not always effective.

Not all staff had received up to date training.

People were encouraged to make decisions about their support.

People's needs were fully assessed before being offered a service.

People were supported with meal preparation if required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People were complimentary about the staff supporting them.

People's rights to privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

The service was tailored to people's individual needs.

People received a reliable service.

People were happy with the support they received.

People knew how to make a complaint.

Is the service well-led?

The service was not always well-led.

Quality auditing was not always effective and not all shortfalls were being identified and addressed.

Staff were complimentary about the registered manager and the management arrangements in place.

The service was based on strong values and a clear ethos.

Requires Improvement 

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, 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 December 2018 and 11 January 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection visit as we needed to be sure the registered manager would be in.

The inspection was undertaken by one inspector and an expert-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.

Before our inspection visit we reviewed the Provider Information Return (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 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.

To gain feedback about the service, we spoke to nine people and four staff on the telephone. We looked at people's care records and documentation in relation to the management of the service. This included quality auditing processes and staff training. After the inspection we contacted three health and social care professionals for their views about the service. No responses were received.

Is the service safe?

Our findings

During the period of the inspection, an allegation of abuse had been made. This was appropriately reported to the local authority safeguarding team and the Care Quality Commission.

Whilst staff told us they would report any concerns about people's safety to the registered manager, half of the staff team had not received up to date safeguarding training. The registered manager said safeguarding was discussed in staff meetings but they acknowledged some staff had not completed formal safeguarding training. This included one member of staff who had not completed such training since 2003. The registered manager told us they would address this.

People's medicines were not always safely managed. For example, one person was prescribed powdered sachets to be taken "as required". There was no information to help staff administer these sachets as prescribed. This did not ensure the medicine was given safely or with maximum effectiveness. Some staff had not followed the medicine's prescription. Staff had not documented the rationale for doing this or gained authorisation to do so. Another person was prescribed pain relieving medicines, as a regular dose. Staff had not always administered these medicines, as they felt they made the person sleepy. They had not contacted the GP to request a medicine review.

There was a section in people's support plans about the management of their medicines. The information did not always show what support the person needed in this area. Some information was conflicting and did not clearly show if the person needed supervision with their medicines or greater assistance. The registered manager told us they would address this although were confident staff knew of the support required.

Not all staff had completed up to date training in the safe handling of medicines. One member of staff, who supported people with their medicines, had not received any formal training since 2012. Whilst the administration of people's medicines was considered during 'spot checks' of staff's practice, their competency was not formally assessed. This did not ensure all staff were deemed competent to manage people's medicines safely.

Not all risks to people's safety had been identified. For example, one person was prescribed a thickener for their drinks to minimise their risk of choking. The quantity of the thickener to be used or the required consistency of the person's drinks, was not documented. This did not ensure the person was safely supported with their fluids. The person had limited mobility yet risks associated with care interventions such as having a shower, had not been identified or documented in their support plan.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff to support existing care packages. Each member of staff had a manageable schedule of visits, which they completed on time without rushing. The registered manager told us recruitment was on-going to meet staff changes and any new care packages. They said staff covered each

other at times of staff sickness or annual leave.

People told us there were enough staff although one person told us weekends could sometimes be a problem for the service. Other comments were "Yes I think they [have enough staff]. They never seem to struggle to send someone" and "I think they have enough. They never let me down." Staff confirmed there were enough staff and their programme of people's visits was manageable. They said they had enough time to spend with people and were not rushed when travelling between visits.

People told us they felt safe. One person said, "I feel very safe with [staff]. They look after me very well and care about me and my home." Another person told us, "Oh very much so. They are like family to me. I have no concerns whatsoever."

New staff were recruited safely. All applicants were required to complete an application form and attend a formal interview. Information was gained about the applicant's past work performance and character. They completed a health questionnaire and a Disclosure and Barring Service check (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff told us they had the required equipment to minimise and control the risk of infection. They said the registered manager would inform them if there were any particular risks they needed to be aware of. Infection control was discussed in staff meetings and there were posters in the office, promoting good practice in this area. Infection control formed part of the provider's mandatory training programme but not all staff had completed this.

People told us staff were always clean and tidy and had clean uniforms. One person told us, "They use gloves when they help me with personal care." Another person said, "They are all very clean and tidy. They wear uniforms, look smart and wear gloves and aprons."

The registered manager told us staff were encouraged to reflect on their practice. Staff were asked to complete a monthly summary of a person's support. This reviewed the person's support whilst also ensuring staff thought about the service they had given. Further reflective practice was undertaken in monthly meetings with the registered manager.

Is the service effective?

Our findings

Not all staff had completed the training required of them by the provider. For example, records showed one member of staff last completed training in moving people safely in 2016. This was despite assisting people with their mobility. Another member of staff completed their training in 2014. The registered manager explained the member of staff had completed up to date training in their other job, but a certificate to demonstrate this, had not been gained. Most of the team had not completed recent training in food safety or infection control. Some people's training was very out of date. This did not ensure staff had the knowledge or skills to support people effectively. The registered manager told us they were aware of the shortfall with staff training although said some topics were discussed informally during staff meetings. The registered manager told us they were planning to focus on staff training, in the forthcoming year.

We recommend training is prioritised to ensure all staff have the required knowledge and skills to undertake their role effectively.

Staff told us they felt well supported. They said they could "pop in" to the office at any time for a chat or to discuss any concerns they might have. One member of staff told us the positioning of the office enabled staff to do this easily. The registered manager agreed with this. They said it was important for staff to be fully supported and feel they could gain advice or "have a chat" when needed. The registered manager said if they had not seen a member of staff for a while, they would call them to make sure they were alright. They said they always tried to make sure they thanked staff for their work.

Whilst there was a high level of informal support, records did not show all staff regularly met with their manager more formally. This was to discuss their work or receive an annual appraisal. An appraisal considers the staff member's performance and what they would like to achieve in the forthcoming year.

New members of staff were given a handbook that contained a range of information such as policies and procedures. They worked alongside more experienced staff to familiarise themselves with their role. The registered manager told us this process was variable in time to ensure staff were confident and competent to work on their own. New staff completed the Care Certificate, which is a recognised induction programme for new staff working in the care industry. The registered manager told us the modules were completed in order of importance and relevance.

People's needs were assessed before being offered a service. One person told us, "Yes they came to do an assessment before I started. They did the risk assessments for the hoist and showering as well." Another person said, "Yes, they did an assessment and a risk assessment as I do have some falls. The girls make sure I don't fall when moving around." The registered manager told us a care package would not be accepted, if there were any doubts the person's needs could not be met. They said they aimed to accommodate any preferences the person had. This included the preferred timings of visits.

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

People told us they could make decisions and direct their care. One person told us, "I am very able to make decisions about my care. They will say to me 'do you mind if'..." Another person said, "I make all my own decisions. There is no need to ask my permission. I know them all now and we have a routine." One person told us, "I am able to say what I need doing." People had signed a consent form to show they had agreed to receiving staff support.

The registered manager told us emphasis was given to ensuring people were involved in decision making. They told us they always reminded staff to offer choice and gain consent before undertaking any intervention. The registered manager told us the importance of this was always emphasised, even if the person's routines were well known to the staff member.

The registered manager told us staff could support people to attend health care appointments although family members usually undertook this responsibility. They said staff were expected to identify and raise any concerns, so family members could take further action as appropriate. This included informing a family member if the person appeared unwell. The registered manager told us they had developed good contacts with health and social care professionals such as community nurses, the neighbourhood team and local pharmacies.

Staff supported people with meal preparation and housekeeping tasks if this was needed. One person told us, "They do my breakfast for me and maybe a sandwich at tea time." Another person said, "Yes, they get my lunch ready for me. I choose what I want." Staff told us they always asked people what they wanted them to prepare for their meals. They said some people liked them to cook 'from scratch', whilst others preferred 'ready style' meals. The registered manager told us staff could promote healthy eating, if this is what was required. They said this was not always easy to do however, as staff had to work with what foods were in people's cupboards.

Is the service caring?

Our findings

The registered manager told us there were various systems in place to ensure staff treated people with kindness and compassion. This included training, reflective practice and observing staff whilst they worked with people. The registered manager told us kindness and compassion were always considered when interviewing new staff. They said all staff needed to have the right attitude and put people at the centre of their work. The registered manager told us if these attributes were not shown, the member of staff would not be recruited.

People told us they were treated with kindness and compassion. One person told us, "They are very kind and caring. They have a lovely attitude to their work." Another person said, "They have a caring attitude, checking I am ok all the time." Other comments included, "They are very respectful when they are talking to me" and, "They are very aware of peoples' privacy. You never hear them gossiping about other clients or about each other."

There were further compliments about the staff. One person told us, "I think they are very kind and caring people." Another person said, "They are brilliant. They are like family and I really appreciate their help." Other comments included, "They have a great attitude. They do everything I need and more", "They are, generally, excellent. They go the extra mile" and, "They are little angels. I would be lost without them." One person told us, "The carers are brilliant, they have become like family over the years."

The registered manager confirmed they had an excellent staff team. They said staff had built established relationships with people and often "went the extra mile". They told us staff were kind, caring and committed to their role. The registered manager told us they matched staff with the people they supported, as this contributed to successful support. They told us aspects such as personality, interests and experience were considered when doing this.

People were happy with their support. One person told us, "Absolutely, I am very happy with the service. They do all I need and more." Other comments were, "I am more than happy with them. I look forward to them coming. The times are fine" and, "Very much so, they are very competent carers and know me very well." Another person told us, "They sit and chat and ask me if I am ok. They are really interested in how I am feeling."

The service had received a range of compliments about care delivery. This included a member of the public who contacted the agency to tell them about a member of staff who was supporting a person in the community. They said they had been impressed by the interactions they had seen. The registered manager told us they always shared any compliments with staff and gave feedback about any good practice they observed. The registered manager told us this helped to value staff and inform them they were doing a good job.

People were encouraged to give their views about the service. One person told us, "Yes, I have had a survey and have sent it back." Another person said, "They do ask me questions to see if I am happy." Another

person told us, "They do ask me questions from time to time."

The registered manager told us people were regularly asked about their support and whether it continued to meet their needs. They said people were also asked how they got on with the staff supporting them. People had the opportunity to request other staff if they felt this would improve the service they received. All feedback from the annual surveys that were sent to people, was summarised within the monthly newsletter.

People were involved in developing their care plan and informing staff of the way in which they wanted their support to be delivered. People told us about their care records. One person said, "There is like a check list in the folder. The carers look at that." Another person said, "I do have a care plan and it has been reviewed very recently." The registered manager confirmed people's support was regularly reviewed to ensure it continued to meet their needs.

People told us staff respected their privacy and dignity. One person told us, "They are very respectful, especially when helping me into the shower. They make me feel very comfortable now. It was quite difficult for me to start with but they fully understood the difficulties and put me at my ease." Another person said, "They are very aware of my dignity when having a shower etc. It did not come naturally to me, taking my clothes off in front of strangers, but they have made me feel comfortable. Even with the young ones. There is no embarrassment now."

Is the service responsive?

Our findings

The service was tailored to people's individual needs. The registered manager told us the agency always tried to accommodate what people wanted. They said if a person requested their support to start at 08:00, it was important for this to happen. If for any reason the requested time could not be accommodated, the registered manager told us this would be discussed. They said the person would be offered their preferred time, as soon as "the slot" became available.

Each person was given a specific time for when staff would arrive to support them. This enabled continuity and lessened any anxiety about what time staff would arrive. The registered manager said a set time also enabled people to get on with their lives, without waiting for the assistance to do so. They said they did not like the idea of using timescales for people's support. This for example, was when people were scheduled to have a morning visit between 07.30 and 10.00. The registered manager told us they wanted people's support to be unobtrusive and enabling, rather than causing any restriction.

Staff told us they almost always arrived to support people on time. They said if they thought they were going to be late, they would inform the office. Staff said the person would then be notified and an estimated arrival time would be given. People had no concerns of staff not arriving to support them. The registered manager confirmed there had not been any missed visits. They said the risk of this was minimal, as staff routinely supported the same people so knew the timing of visits. In addition, the registered manager said there was little change to the scheduling of people's support. This minimised the risk of error and enabled a reliable service.

People confirmed staff arrived to support them on time. One person told us, "Yes, they arrive at the right time and stay for as long as I need. They have never missed me." Another person said, "Yes, their times are not bad at all. They never let me down." One person told us, "Yes, they arrive on time within a few minutes. They take their time and never rush around. They never miss a call. They are very reliable."

People were allocated a small team or an individual member of staff to support them. Staff confirmed this worked well. They said the consistency enabled them to get know people well and have a clear knowledge of their needs and preferences. Weekly schedules, which were in the office, waiting for staff collection, showed the consistency of people's visits. The registered manager told us people were given weekly schedules, if they wanted them.

People confirmed there was good consistency with the staff who supported them. One person told us, "Yes, I have the same one all the time, except for holidays etc." Another person said, "Yes, I am lucky to have the same ones." Other comments were, "I have one regular lady" and, "I do have the same ones. They do try very hard to keep the continuity with carers."

People told us they benefitted from the consistency of staff supporting them. One person told us, "They do know me well and can tell if I am having an off day." Another person said, "If I run out of milk they will call in the shop for me on their way here." Other comments were, "She [staff member] only has to look at me to tell

if I am not well" and, "They do everything I need in the way I like it."

The registered manager told us the agency was responsive in the way it reacted to people's needs. For example, if staff identified a person was very unwell, another visit would be scheduled later in the day to check their wellbeing. The registered manager told us, "The person always comes first, so we'd put in the care and deal with the funding later." They said similarly, staff could "run over" their allocated time with people, if needed.

The service supported people with end of life care if asked to do so, although at the time of the inspection, no one needed this. The registered manager told us certain staff would be selected to support this type of care package. They said the selection was based on staff's skills and interest. They told us, "End of life care is not for everyone, and we respect that."

People had a written care plan in place. Some information, such as a person's morning and evening routines was detailed and clearly informed staff of the support needed. There was also clear guidance, including a pictorial format, to help staff with the technique of moving a person safely using a hoist. However, other areas were less comprehensive. This included a support plan that stated, '[Person] needs a lot of encouragement and direction' and 'Has hair washed on a Monday and Thursday'. In addition, staff had not always documented, within the daily records, any follow up action they had taken. For example, records showed sore areas of skin but there was no information about what action had been taken or how the area was progressing. The registered manager told us as staff knew people and their routines so well, they were not always good at recording information. They said they would address this with the staff team.

The registered manager told us they could produce people's support plans in different formats, if needed. This included large print, for people with a visual impairment. Weekly schedules were also written in large, black print. A member of staff told us the agency's telephone number was highlighted in large font, on the front of some people's care plans. This enabled the information to be more easily seen. This practice complied with the Accessible Information Standard 2016 (AIS). The AIS requires care providers to ensure information is given in a way that people with a disability or sensory loss, can access and understand.

People knew how to make a complaint but had not needed to do this. One person told us, "I have never needed to complain about anything. I would speak to the manager if I did have any complaints." Another person said, "I have never had any reason to complain. I would if I needed to." One person told us, "I would ring the office if I had any major problems." Records showed there had been one recent complaint. This had been properly considered in line with the agency's complaint procedure.

Is the service well-led?

Our findings

There was a registered manager in post. They had worked at the agency for approximately 20 years and were therefore experienced in their role. The registered manager was passionate about the service and was keen to provide good quality support. However, not all management responsibilities had been fulfilled effectively. For example, the registered manager had not ensured all staff had received up to date training in areas such as safeguarding and the safe handling of medicines. In addition, observational monitoring of staff was inconsistent and checks of some areas of people's support, had not been completed. This had not provided people with additional safeguards or ensured staff were working in line with best practice.

We recommend quality auditing systems are reviewed to ensure shortfalls in the service are effectively identified and addressed in a timely manner.

The last rating awarded to the agency by the Care Quality Commission was clearly shown on the agency's website. A copy of the last inspection report was on display in the office.

The registered manager had strong values and a clear ethos. This involved providing a good standard of unobtrusive support to enable people to continue with their daily lifestyles. The registered manager said the service promoted independence and supported people to remain in their own homes, for as long as possible. They said they always told staff they needed to think about the person as their grandmother and how they would want them treated.

Staff were aware of the agency's ethos. They said their main priority was promoting independence and enabling people to stay in their own homes. Staff told us they enjoyed their work and felt privileged to do what they did. They said the size of the agency enabled good, individualised support to be given. One member of staff told us they enjoyed making a difference to people's lives.

The registered manager told us they did not want the agency to grow too much, as they did not want to lose the person-centred nature of the service. They believed this would be in jeopardy if the service became too large. The registered manager told us, "I want to do what we do well and get even better."

The registered manager told us they only accepted care packages they knew could be managed well. They said they never promised people what they could not deliver and did not take any risks, which compromised safety. The registered manager told us they would ask staff if they had capacity to support a new person to the service. If a negative response was received, the care package would not be accepted. They said this situation was however rare and people's needs and wishes could usually be accommodated.

People were happy with the management of the agency and the overall service they received. Specific comments were, "They are all very helpful in the office. It is very well managed service" and, "They do everything I need and more. I am very satisfied with the service." One person told us, "I am very happy with them. All aspects are great." People said they would be happy to recommend the service and could not think of anything that could be improved upon.

Staff were also complimentary about the registered manager and their management style. They said the registered manager was knowledgeable, experienced and friendly in their approach. One member of staff told us, "She's lovely, very caring. She's the best. She listens and sorts things out." Another member of staff said, "She's very good at what she does. She's very relaxed and easy to get on with."

Staff told us communication between management and staff was good. They said monthly meetings helped this and they received regular messages either by phone or text message. A monthly newsletter enabled further information to be shared. The most recent reminded staff to leave lights on so that people were not left in the dark, as the nights drew in. There was an 'on call' system which enabled staff to gain advice or support, when the office was closed. Staff told us this worked well.

The registered manager told us they kept themselves up to date with best practice in a variety of ways. This included training, searching the Internet and receiving news alerts from organisations such as the Care Quality Commission. Within the office, information was displayed from such sources. The registered manager told us they also received good support from the provider. This included receiving a range of information from head office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not safely managed as staff were not always following the prescriber's instructions. Information about the effective administration of 'as required' medicines was not available to staff.</p>