

First Call Community Systems Limited

Sure Care Chester

Inspection report

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18 April 2019
24 April 2019

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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 ●

Summary of findings

Overall summary

About the service: Sure Care Chester is a domiciliary care service offering support to people living in their own homes. At the time of our inspection there were 30 people using the service.

People's experience of using this service:

There were systems in place to assess and monitor the quality of the service. The provider was working to an action plan to address shortfalls in peoples' care plans and staff files.

People received care and support from regular staff who were kind and caring. People's needs had been fully assessed before they received support from the service. Care plans held enough detail for staff to offer support that reflected people's individual needs and preferences. People's care needs were reviewed regularly. Staff understood the needs of the people they supported and had developed positive relationships.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings. Staff felt well supported by the current registered manager and office staff and worked well as a team.

Risks to people had been identified and staff had clear guidance available to them to support people and reduce the risk. People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

Medicines were managed safely by trained and competent staff. Medication administration records (MARs) were completed and audited regularly. Staff had access to personal protective equipment (PPE).

People's independence was promoted and their right to privacy and dignity respected. People and their relatives spoke positively about the staff and management team. People told us their views were regularly sought regarding all areas of the service. People felt confident to raise any concerns they had.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received.

Rating at last inspection: At the last inspection the service was rated Good (Report published 2 November 2016)

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Sure Care Chester

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 team consisted of one adult social care inspector.

Service and service type:

Sure Care Chester is a domiciliary care agency. It provides personal care and support to individuals within their own homes throughout the local community. It provides a service to older adults and younger disabled adults. Two people using the service received 24 hour live in care.

Not everyone using Sure Care Chester receives personal care; CQC only inspects the service 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.

The service had a manager registered with the Care Quality Commission. 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:

This comprehensive inspection visit took place on 17 April 2019 and was announced. The provider was given two hours' notice because we needed to be sure that we could access the office premises.

Inspection site visit activity started on 17 April 2019 and ended on 24 April 2019. We visited the office location on 17 and 18 April 2019 to see the registered manager and office staff and to review records. We spoke with people that used the service and their relatives over the phone on the 24 April 2019.

What we did:

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We checked to see if any information concerning the care and welfare of people supported by the service had been received. We also contacted the local authority.

Due to technical problems the provider was unable to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with three people who used the service and the relatives of another two people. We also spoke with the registered manager, a business development manager, a team leader, care co-ordinator, and a group of nine staff who delivered care. We looked at the care records of four people, the recruitment records of three staff, staff training, supervision and appraisal records and records relating to the management of the service.

Following the inspection the provider sent us some additional information including an updated action plan that they were following to address shortfalls they had identified, a copy of a newsletter, updated information about staff induction, training and supervision and some policies and procedures.

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.

Staffing and recruitment

- Safe staff recruitment procedures were evidenced within personnel files and checks had been made to ensure staff were suitable to work with vulnerable people.
- There were enough staff on duty to meet people's needs.
- People told us their needs were met in a timely way.

Using medicines safely

- Medicines were administered by staff whose competencies to administer medicines had been assessed.
- Records of administration were maintained. Errors in the recording of the administration of medicines identified by the provider had been followed up with staff in supervision and where needed additional training had been provided.
- Shortfalls identified in the records of two people in relation to their medicines were addressed during the inspection.
- The administration of medicines was centred around people's needs and preferences.

Assessing risk, safety monitoring and management

- People felt they received safe care. One person commented, "I feel safe with them that is why I have them I am so nervous of falling".
- Risks to people had been assessed and care records provided information about how staff should support people to help ensure they remained safe from avoidable harm.
- Risks were managed in a way that respected people's freedom.
- Care plans clearly directed staff in the use of the equipment needed to be used when supporting people and to report any issues or concerns to the office.
- Care plans included people's views on how they wanted to be supported to keep safe. One person's care plan stated, 'Please ensure I am wearing my lifeline before you leave, lock the door behind you and replace the key in the key safe'.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and people confirmed this was used appropriately.

- Staff had access to infection control training and a policy to support them in their role.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
- The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence.

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.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional needs were known and met by staff.
- When people had difficulties eating, drinking or swallowing referrals had been made to the dietician or speech and language therapist as required.
- People's specific dietary needs and preferences were catered for. One person's care plans stated, 'Please ask me if I would like a light supper of my choice'. Another stated 'Ask me what I would like for lunch, I would normally have a sandwich and a dessert, please prepare with a cup of tea with one sugar'.

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

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell.
- Referrals to other health and social care professionals were made in a timely way.

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

- People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.

Staff skills, knowledge and experience

- Staff felt supported by the registered manager and the cycle of supervision and annual appraisal of their performance.
 - Staff completed regular training to ensure they had the knowledge and skills to support people. Records showed most staff had completed training updates within the providers own timescales.
- people felt staff were competent. one person commented "You can feel it from them they enjoy their job. The girls work so hard".

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- In January 2019 the provider had identified some gaps in some people's records in relation to whether they had the capacity to give consent. Some records indicated that family members had been awarded a Power of Attorney however this had not always been verified. The registered manager and provider were completing an action plan to address this issue.
- Staff had received MCA training and recognised the importance of seeking a person's consent before starting to provide any care or support.

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.

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

- People were provided with explanations and given choices before receiving support.
- One person's relative told us "The care plan is all in the folder and I am asked to read and sign that I agree with it if it's been modified. My loved one does take part in it as well. They sit with both of us; my loved one is invited to comment and say if they agree".
- Information about advocacy services was available to people if they had nobody to support them to make decisions.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated with kindness and compassion by staff and their family members agreed. Their comments included, "Are they kind and polite. They never argue; do what I ask." "I would say 98% of the staff that come are excellent, kind and caring." "Sure Care are wonderful I really love them I really do. I would recommend them. If anyone asks me to recommend I always say them. They are really lovely people."
- Staff knew the people they were supporting well, including their needs and preferences. Staff spoke warmly of the people they supported.

Respecting and promoting people's privacy, dignity and independence

- Care plans clearly demonstrate how staff should ensure people's dignity is protected and demonstrate people have been consulted about their preferences for the way they would like their care to be delivered. One person's care plan stated 'Please give me privacy. I will shout you when I am ready'.
- People confirmed that staff protected their privacy and dignity. One person told us "They always protect my privacy and make sure the doors are closed when they are supporting me".
- Care plans provided details of people's preferences for how they wanted staff to enter their home and greet them.
- Staff encouraged people to do as much for themselves as they could and were on hand to help if needed.
- Care plans provided details of how people wanted their independence to be promoted and when to provide encouragement. One person's care plan stated, 'I would like you to encourage me to assist with preparing breakfast' Another person's care plan stated 'encourage me to pull myself up'.
- Care plans provided information about how people wanted to be supported to maintain their appearance. One person's care plan stated, 'Ask me what top I would like to wear. I have a cardigan I would like around my shoulders'.

Is the service responsive?

Our findings

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

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

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

- People's individual needs had been assessed and care plans developed to meet those needs. Care plans provided information regarding the support people required.
- People's preferences were documented and contained easy to understand plain English directions for staff. One person's care plan stated, 'I usually like my tea around 7pm but sometimes it could be as early as 5.15pm, ask me if I would like to assist with preparing tea'.
- People and their relatives confirmed that care needs were kept under review. One person's relative commented "They've been twice if not three times to check the requirements are still the same and we are happy with what they are doing."
- We heard office staff arranging a review of a person's care to be held at a time of their choice demonstrating flexibility and respect for the person.
- People and their relatives told us staff usually turned up on time and stayed for the full duration of the call. One person's relative commented "They turn up on time generally and if they are going to be late they let us know."
- We observed office staff responded appropriately when a staff member was running late and arranged another staff member to cover the call.
- People's communication needs had been assessed, recorded and where needed shared to meet the Accessible Information Standard.
- The relative of one person who was living with dementia told us staff had suggested using staff photographs with names underneath to help their loved one identify the staff and commented "It was a good idea, we're using it; it's helped".
- Care plans included a pen portrait summarising their likes and dislikes, personal history and relationships.
- Staff knew the people they visited well and how they liked to be supported.

Improving care quality in response to complaints or concerns

- There was a complaints policy available and information about how to raise a complaint was provided to people when they started using the service.
- There was a log of complaints which had been investigated and responded to appropriately.
- People and their relatives told us they would have no hesitation raising any concerns. One person told us, "This is the first company I've never had any complaints about and my family agrees". A relative told us they had experienced a minor mistake and commented "As soon as I pointed it out it was rectified. If there was something wrong I would bring it up with person concerned or the office if not."

End of life care and support

- Although no one was receiving end of life care, where people had expressed a preference, their wishes on whether they wanted to be resuscitated was recorded.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Staff told us they felt well supported by the current registered manager and office staff and worked well as a team.
- CQC had been notified of most incidents that had occurred as required. However, on two occasions we had not been notified of safeguarding concerns. The registered manager gave assurances these would be submitted appropriately in future.
- The registered manager was aware of their responsibilities and people told us they were approachable. One person told us they thought the registered manager was "A lovely person".
- Personnel files contained job descriptions and staff were aware of their roles and responsibilities. The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- The provider had systems in place to assess and monitor the quality and safety of the service. These checks covered a variety of areas but had not always been applied effectively. This had led to some shortfalls in people's care records and staff files continuing unchecked. An action plan was in place to address these issues.
- The provider was in the process of moving all their records to an on-line system. The registered manager told us all records would be checked for accuracy and completeness and updated when they were transferred.
- A member of the providers area management team visited regularly for governance meetings with the registered manager to discuss all aspects of the service. This helped to ensure the provider had oversight of the service.

Working in partnership with others

- Referrals to other services had been made without delay.
- The registered manager and staff maintained good working relationships with people, their relatives and partner agencies. One relative told us "We have good regular contact with the registered manager. An awful lot has improved since they started".

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

- Systems were in place to gather feedback from people.
- The registered manager engaged with people, their family members and staff at face to face meetings and over the phone.
- Staff had the opportunity to give their views and make suggestions during supervision and team meetings.