

First Call Community Systems Limited

First Call Community Systems T/A SureCare East Riding

Inspection report

Unit 7
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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

First Call Community Systems T/A SureCare East Riding is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 35 people who received a regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Governance systems were in place but they some areas had not been identified. We have made a recommendation about this.

Staff had a good knowledge of people and any risks to their health and wellbeing. Risk assessments were not always sufficiently detailed.

People received all their planned care calls in a timely manner. The provider was actively recruiting, and recruitment procedures were in place. People felt safe with the staff that supported them and safeguarding procedures were in place.

Systems were in place to reduce the risk of spread of infection. Accident's and incidents were monitored, and reflective practice occurred to reduce the risk of occurrence and ensure lessons were learnt.

Staff received induction and training; however, some records had not been fully completed. Staff felt well supported and received supervisions and spot checks to support them in their roles.

Where appropriate people were supported with their health care needs and their fluid and nutritional intake.

People were supported by kind and caring staff who respected their privacy and dignity. They received a person-centred service from staff who knew them well and were passionate about delivering good quality care.

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

People and staff were positive about the support they received from the management team. This led to good care been delivered and good staff morale.

Rating at last inspection

This service was registered with us on 21 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

First Call Community Systems T/A SureCare East Riding

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two inspectors carried out this inspection. An Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager has submitted an application to register.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 08 September 2022 and ended on 21 September 2022. We visited the location's office on 08 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and five relatives about their experience of the care provided from the service. We spoke with seven members of staff including the operations manager, the manager, senior care workers and care workers. We reviewed a range of records. This included three people's care records, multiple medication records, three staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and audits and additional evidence to support the inspection.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff had knowledge of risks to people. However, risk assessments did not always provide sufficient level of detail. The operations manager organised retraining for all staff carrying out risk assessments.
- Environmental risk assessments were carried out to ensure any environmental risks were reduced.
- The provider had a business contingency plan which provided guidance in the event of any risk situations for example, COVID-19 infections and staffing shortages.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt the service was safe. One person told us, "Yes I feel safe, I have the same carers. They are really gentle with me."
- Staff were confident in the process for identify, reporting and escalating any suspected abuse.
- The service had a safeguarding policy in place and the management were aware of the process to follow.

Staffing and recruitment

- Recruitment checks were carried out to ensure staff were of suitable character.
- The provider had systems such as call monitoring and regular staff checks in place to alert them to any late or missed calls.
- The management team ensured all calls were covered and no calls had been missed.
- The manager was having to carry out a significant amount of care calls, whilst managing the office. The provider was actively trying to recruit staff which would enable the manager to have more oversight of the service.

Using medicines safely

- People received their medicines as prescribed. Some records needed to be more robust, such as the recording of transdermal patches. The manager addressed this at the time of inspection.
- Staff received medicines training and competency assessments to ensure they were competent to administer medication safely.

Preventing and controlling infection

- Measures were in place to reduce the risk of spread of infection. Staff wore PPE in line with government guidelines.
- The management carried out competency checks to ensure staff were following infection prevention control procedures.
- Risk assessments and procedures were in place in relation to the COVID-19 pandemic.

Learning lessons when things go wrong

- Reviews of accidents and incidents were carried out by the registered manager, this included reflective practice and lessons learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre assessments had been carried out before the provider started providing care.
- People and their relatives told us they were involved in their assessments and care plans.

Staff support: induction, training, skills and experience

- Although staff received training some records were not always fully completed. For example, some training records had not been scored. However, staff were positive about the training they received. One staff member told us; "The training has been one of the most, it gave me a lot of confidence going into calls. The training made me feel more confident."
- Most people and relatives told us staff had the correct skills and knowledge. One relative told us, "The carers are extremely competent." However, some staff had not had training in relation to people's disabilities. The manager assured us they would organise this training.
- Staff completed shadowing and The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and spot checks to support them in their roles.

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

- People received support with their nutrition and fluid intake when appropriate.
- People were happy with the support they received with their food. Feedback included "They offer me breakfast and drinks every morning. And "Yes, they cook (proper) meals, they know my likes and dislikes."

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

- Most people managed their own health care needs, but the service provided support if required. One person told us; "Yes, they have found someone to help i.e, a physiotherapist."

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The manager had knowledge of the MCA and was aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- Staff gained consent before providing people with care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect by staff.
- People were supported by kind care staff who they had positive relationships with. One relative told us; "[Name] puts her hand out and gives the carer a kiss on the hand, which always results in the carer giving her hug".
- Staff and the management cared about people. They recognised when people may need additional support and organised this. For example, one person was viewing a funeral through a live stream so two staff attended and stayed with the person to ensure they felt emotionally supported and had companionship during the difficult time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. This included ensuring doors and curtains were closed and been respectful during personal care tasks.
- Staff understood the importance of promoting people's independence. One staff member told us; "Yes it's important to encourage independence, even if it's just the small things they can do for themselves it's important we encourage them to maintain that skill."
- Records were stored securely to ensure confidentiality was maintained.

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

- People and their relatives told us they were fully involved in making decisions about their care.
- People told us they were involved in their care plans.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care from staff who knew them well. One person told us; "Yes they do know my likes and dislikes, and I think they treat me as an individual."
- People were involved in their pre assessments and care plans to ensure care was delivered in a way which they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although staff were aware of people's communication needs and these were recorded, they had not always been fully explored with people. The manager assured us this would be addressed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When part of people's care packages they were supported with social activities and events.
- Staff supported people with their social needs such as supporting people to attend afternoon teas.

Improving care quality in response to complaints or concerns

- Nobody had raised any complaints, but people were aware of how to complain and felt confident to do so.
- The provider had a complaints policy in place and the manager was aware of the procedures to follow in the event of a complaint.

End of life care and support

- Nobody was receiving end of life care at the time of inspection. The provider had received previous compliments of the support given to enable a person to stay at home at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Continuous learning and improving care

- Although governance systems were in place to identify areas for improvement. Some areas had not been identified; this included some records for training and recruitment not been fully completed and risk assessments and care plans needing further information.

We recommended the provider seek advice from a reputable source regarding their governance systems and recording of risk management.

- The operations manager was in the process of developing the governance systems and had already started developing some new auditing tools. They had also placed extra support at the service to support the manager with the oversight.
- There was no registered manager in post, the manager had submitted an application to register.
- We received positive feedback about the management team. Feedback from people included; "The management are very good, including good communication" And "The leadership is absolutely fantastic."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Satisfaction surveys had been carried out; however, they had not always been action planned to improve the service. The operations manager told us they were in the process of developing systems for gathering feedback.
- The manager had recently started staff meetings; they had ensured these were facilitated over numerous days so all staff could be involved.
- The service had received compliments about the support given to people, the caring nature of staff and the approachability of the manager.
- The provider worked in partnership with health and social care professionals to ensure people received the support they required.
- We received positive feedback from a Health and Social Care professional who supported the service. Feedback included; "From what I can tell, they are doing a sterling job and we have had quite a number of positive comments from people's families who don't live locally, expressing how the business has changed their lives."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and their relatives were positive about the support given by the service.
- Staff were well supported by the management team which led to good staff morale. Feedback from staff included "Yes there is good staff morale, this is through the manager and team leader and their support. Everyone wants to do the job; everyone has a positive attitude."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood they're responsibilities under duty of candour to inform people if and when things go wrong.