

Sure Healthcare and Supported Living (UK) Limited

Sure Healthcare (Leeds)

Inspection report

20 Howley Park Business Village
Pullan Way, Morley
Leeds
LS27 0BZ

Tel: 01133502100
Website: www.sure-healthcare.co.uk

Date of inspection visit:
11 November 2022

Date of publication:
07 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 Healthcare (Leeds) is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of our inspection they were supporting 9 people. 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

The provider did not ensure systems were in place to effectively oversee the service. Quality checks had not been routinely completed. Some people's care plans and medicine records had not been recently audited. Risks to people's health and safety had been assessed but some lacked detail. We found some improvements were required in how the medicines were managed. The provider responded promptly to our feedback about concerns and took action to address the shortfalls. The registered manager was approachable and supportive and provided leadership to the team.

People's care needs were assessed. They received appropriate support with their nutrition and health needs. People and relatives spoke very highly about the care and support they received. They said they felt safe and staff were kind and respectful. Calls were on time and not rushed. Staff knew people well and supported them based on their needs, choices and preferences.

Recruitment was managed safely. Staff received the support and training required to carry out their role.

Staff asked people for consent before providing any 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. Staff encouraged people to make decisions about their own care, and promoted people's rights to dignity, independence and privacy.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Why we inspected

The service was registered with us on 22 September 2020 and this is the first inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well-led section

of this full report. The provider has taken immediate action to mitigate the risk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 section 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 section below.

Requires Improvement ●

Sure Healthcare (Leeds)

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

The inspection was carried out by 2 inspectors.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

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 information gathered as part of monitoring activity that took place on 16 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative and 2 people who used the service about their experience of the care provided. We spoke with the nominated individual, registered manager and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records relating to the running of the service and 3 people's care and medication records. We reviewed 3 staff files in relation to recruitment, training and supervision.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication records were generally clear and well completed but we identified areas for improvement. Where people were prescribed medication to be taken 'as required' clear protocols were not always in place. One person was prescribed medicine to be taken four times a day. Staff did not record the times of administration which meant we could not be assured there was a four-hour gap between doses, as required.
- Staff received training to administer medication and their competency was regularly assessed in line with guidance.
- Care plans indicated where people needed support with their medicines and people told us they received their medicine on time.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risks relating to people's health and safety were assessed. However, some people's risk assessments did not contain a lot of detail and had not been recently reviewed. For example, one person had experienced a recent significant fall but their risk assessments had not been updated to reflect this. We discussed this with the registered manager and we were assured this would be addressed.
- The provider had a system for monitoring and reporting accidents. This could be improved to ensure near miss events were also captured and used to learn lessons and inform people's care plans.
- Staff completed training in infection prevention and control. They had access to personal protective equipment and knew when to use it.
- Staff demonstrated a good understanding of people's needs and the risks associated with people's care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care.
- People and relatives said they felt safe and they trusted the service. One relative said, "[Relative] is supported safely by all staff members. [Relative] is not rushed and staff take their time."
- Staff had received safeguarding training and understood when and how to report abuse.

Staffing and recruitment

- People and relatives were happy with the call times and said they were normally supported by the same staff. One relative said, "I think [staff] are all brilliant. All the girls are lovely and spend time chatting with [relative]. I think because it's a small team it works better."
- Call times were appropriate and staff told us calls were not rushed and there was enough travel times

between calls.

- Recruitment was managed safely. The provider had a rolling programme of recruitment.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments which described the support required for each call. The registered manager personally introduced staff to people when they started using the service.
- Where people needed support with eating and drinking their needs were assessed and recorded.
- People and relatives said staff supported them well with their meals. One person said, "If we run out of tea or butter, they [staff] will pop to the shops for us."

Staff support: induction, training, skills and experience

- People and relatives were confident in the abilities of staff.
- The provider had access to a training room and face to face training was provided by a dedicated trainer. The provider had scheduled training to ensure the team had a greater knowledge and understanding of people with learning disabilities and autism.
- Staff told us training was valuable and gave them the skills to undertake their role. One staff member told us, "The training is brilliant." New staff received a detailed induction and the opportunity to shadow experienced staff before working on their own.
- Staff received supervision and the registered manager carried out regular spot checks to ensure staff were competent to carry out their role.

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

- People and relatives told us their health needs were met.
- The registered manager and staff told us about examples where they had contacted and worked closely with health professionals. This was not always clearly reflected in people's care notes. We discussed this with the registered manager and we were assured this would be addressed.

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 service was acting within the legal framework of MCA.
- Staff understood the principles of MCA and how this applied to their day to day work. They described how people were encouraged to be as independent as possible and make decisions for themselves.

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

- We received very positive feedback from people and relatives. One person said, "They [staff] go out of their way to do nice things." Another relative said, "All the staff are lovely and very caring."
- Staff we spoke with demonstrated caring values.
- People received support from the same staff, so their care was consistent. Staff had formed warm and genuine relationships with people and relatives. One staff member said, "The service is genuinely small and supportive. We build relationships and it feels like a family."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- People and relatives had been involved in reviews of their care.
- Staff spoke about promoting people's independence and gave person centred examples of how they respected people's privacy and dignity.
- Care notes were detailed and written in a respectful way. They showed how people were involved in their care.

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; End of life care and support

- People and relatives said person centred care was provided. Care plans were in place but they could be improved to include more person centred detail. However, because the service was currently small, and people were consistently supported by the same staff this did not impact on the quality of the care they received. One person said, "They [staff] listen to how I want things to be done."
- We saw examples of the service being responsive and flexible to people's needs. This included reducing and increasing the length of call times.
- Staff confirmed they were updated when people's needs changed and they demonstrated a good understanding of people's needs.
- The provider had access to an adapted vehicle which they could use to support people with outings or appointments if required.
- The service was not supporting anybody at the end of their lives when we inspected.

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.

- People' communication needs were assessed and information recorded on how best to support them.
- The service user guide could be presented in a range of formats including large print.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The registered manager told us they had not received any complaints.
- People and relatives told us they could confidently raise any issues with staff or the registered manager. One relative said, "I have never needed to raise a concern. I know I would be listened to if I did. If I ever ask for something to happen it does."

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was an audit tool in place but regular quality checks had not been completed. This included reviews of people's care plans and audits of medication charts. Where checks had been completed there was not always evidence the registered manager had oversight of these.
- A provider audit completed in June 2022 had identified some shortfalls in the audit process. Action had not been taken to address all the shortfalls and routine quality checks had continued to be missed.

Whilst we found no evidence people had been harmed the lack of robust quality assurance systems meant there were shortfalls in the oversight of the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to our inspection findings and submitted an action plan to show us what action they had taken and plans to improve the service. We were assured they were committed to improving the quality of the service.
- The provider understood their legal responsibility to be open and honest with people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives confirmed they felt involved and informed and spoke highly of the registered manager. One relative said, "The manager is really good." Another person said, "[Name of manager] is exceptionally good and on the ball."
- Staff were clear about their roles and expressed pride about working for Sure Healthcare (Leeds). They said people and relationships mattered and the registered manager was very supportive and approachable. One staff member said, "It's amazing. It is the best company to work for."
- The registered manager promoted a positive culture which supported the delivery of person centred care. People's views were regularly sought.
- Regular staff meetings were in place. We saw these were an opportunity to discuss quality issues and drive improvement as well as obtaining the views of staff.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust governance systems and processes in place. Reg 17 (1)(2)(a)