Secure Healthcare Ltd

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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

The inspection was carried out over three days. Calls to people were made on 31st January with a site visit taking place on 1st February and calls to staff on 2nd February 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children. At the time of our inspection there were 12 people using the service.
This is the first time the service has been rated Requires Improvement.

People did not always receive support from consistent staff. Medicines administration records were not always as detailed as they should be. Risk assessments and management plans lacked detail. People's needs were assessed; however, care plans lacked detail.

The systems in place to monitor the quality of the service were not consistent in identifying concerns. A registered manager was in post; however people felt they were not easy to communicate with. Improvements were needed in how the registered manager and provider used information to drive improvements.

People were safeguarded from abuse. People were protected from the risk of infection. There were enough suitably skilled staff to meet people's needs. The registered manager had systems in place to learn when things went wrong.

The principles of the MCA were followed but not always documented sufficiently. Staff were trained to deliver effective support to people and had their competency checked. People were supported to maintain a healthy diet. People were supported to access health professionals when required.

People were supported by caring staff that protected their privacy and dignity. People had support to make decisions and choices about their care and maintain their independence.

People's preferences were understood by staff. People understood how to make a complaint but felt their concerns were not addressed. People received support with care at the end of their life which allowed them to have a dignified and pain free death.

There was a registered manager in post at the time of the inspection. 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 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 consistently safe.

People received medicines as required, but recording required improvement.

People were supported to manage risks, however their assessments lacked detail.

People were safeguarded from harm and risks were managed to keep them safe.

People were supported by sufficient staff.

People were supported by safely recruited staff.

People were protected them the risk of infection.

There were systems in place to learn when things went wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's needs were assessed however this was not consistently detailed.

People were supported by knowledgeable staff that were well supported.

People had support to have their nutrition and hydration needs met.

People did not always receive consistent care and support.

People were supported to maintain their health and well-being.

People were asked for their consent, however assessments lacked detail about how people were supported in their best interests.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring.

People were able to decide how their care and support was delivered.

People said their privacy and dignity was maintained.

Is the service responsive?

Good

The service was not consistently responsive.

People's preferences were not always clearly documented.

Peoples concerns were not consistently responded to.

People were supported at the end of their lives

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality audits were in place but were not always identifying and driving improvements.

Communication with the registered manager and management team was not consistently effective.

The registered manager understood their role and responsibilities.

There were systems in place to learn from incidents.

Systems did not support staff to offer consistent care.

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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 checked 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.

The inspection was carried out over three days. Calls to people who used the service were made on 31st January with a site visit taking place on 1st February and calls to staff on 2nd February 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. The inspection team consisted of 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. This was a first comprehensive ratings inspection.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the 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, we spoke with four people who used the service and seven relatives. We also spoke with the provider, the registered manager and four staff.

We reviewed the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, timesheets, compliment and complaint logs, audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People told us staff supported them to manage risks to their safety. For example, one person told us about how staff supported them with a hoist. The person said, "They are safe with the hoist. I would not do it without them being good enough". Staff were able to describe the risks to people and the actions they needed to take to keep people safe. For example, one staff member told us, "There is guidance about what to use to transfer people including how to check the sling for hoists and to always have two people. We have training in using the hoist and we know that this is checked as part of a spot check and competency assessments every 6 months". Another staff member told us, "There is one person that has support from the nurses regarding their pressure areas. We have to apply creams and offer pressure relief. This is documented in the care plan". Whilst another told us, "One person has a catheter in place we have to support with this and make sure they drink and record how much urine they have passed". This meant people were supported by staff that understood how to protect them from risks to their safety.

We saw some risk assessments were detailed and gave staff information on keeping people and themselves safe. For example, the environmental risk assessments and medicines administration assessments. However this was not consistent as we found the care plans sometimes lacked the detail which staff needed to provide care safely. For example, one person's plan referred staff to the manufacturer's guidance instead of detailing what staff needed to do to operate the hoist safely. This meant the documented detail in people's care plans required improvement. We spoke to the registered manager about this and the clinical lead and they told us they would review these assessments and make the required adjustments.

Most people did not receive support with medicines. One relative told us, "[Persons name] is not on much medication now, but staff do this and [person's name] is well supervised". There was a medicines policy in place and each person had a medicines assessment to determine what support they needed with medicines. We found staff understood the policy and could describe how they supported people. Staff told us they had received training in medicine administration and their competency was checked to ensure they understood how to administer medicines safely. We saw records which confirmed this.

We found where people had received their medicines with support from staff there were Medicine Administration Charts (MAR) in place. We checked to see if peoples MAR charts were completed correctly to show they had received their medicines and found that they were. However the detail on the MAR chart was sometimes unclear. For example, the time medicine was administered was not always recorded clearly. We could see when people had received their medicines from the entries in the daily records; however the recording of times is important. We also found that details about topical medicines were not always clear. For example body maps were in place which told staff where to put topical medicines for people, but these did not consistently include all the information required. This meant there were improvements needed to medicine recording. We spoke to the registered manager about this and they confirmed a recent audit had identified these issues and they were taking action to change the way MAR charts were presented for staff to address the concerns. This meant medicines were administered safely and the registered manger had identified where improvements were needed to the recording systems.

People and their relatives mostly said there were sufficient staff. Most people told us that staff rarely arrived late and they had their calls when they needed them. However, some people said they had sometimes experienced call times being changed or staff being late. One person said, "The staff are mostly on time". Another person told us, "There is a Care plan but they're not sticking to the times".
The staff we spoke with told us they felt there were sufficient staff. They told us calls were spaced well with travel time and they were rarely late unless something happened to delay them. One staff member said, "There are enough staff, people don't have late or missed calls. In fact I would say there are more than enough staff at the moment for the number of people that use the service". The registered manager and provider felt there were sufficient staff in place. They could describe their contingency plans for if they had a shortage of staff which included using agency staff if needed. We looked at staff rotas, and confirmed that staff were able to attend calls at the times scheduled. We saw people or relatives confirmed with a signature that the calls had taken place and times were documented. They told us the current system involved group messages through mobile phones being sent to inform the office if they were running late. The provider said this did ensure people were made aware if any staff were running late which sometimes happened due to traffic for example. This meant people were supported by sufficient staff.

People told us staff helped them to feel safe. One person said, "Yes, they are very nice, I feel very safe with them, they are nice people, very caring, the office come round now and again to check things are ok". One relative said, "Yes, [person's name] she is safe enough with them. No falls or accidents". Staff we spoke with could recognise the signs of abuse and could describe how they would report things of concern to the manager. They were aware of the companies' whistle-blowing policy and told us they would contact outside agencies if no action was taken. One staff member said, "Training covered abuse when I first started, we have to look for people being quiet, changes, any bruises, we can tell the manager or report to the LA and whistle blow, if nothing gets done". We found there was a safeguarding policy in place which was aligned to the local safeguarding procedures. We found staff had received training in safeguarding people from abuse and the registered manager understood their responsibilities and could tell us how they would deal with any safeguarding concerns. This meant there were systems in place to ensure people were safeguarded from abuse.

We looked at staff files and found they included information relating to staff's protected characteristics. The registered manger confirmed this was in line with their equality and diversity policy. We found there was a policy in place which the provider followed to ensure safe recruitment of staff. For example, they carried out checks to ensure new staff were suitable to work with people before they started work. The provider's policy was for two references and a work history, alongside a check with the Disclosure and Barring Service (DBS) to be in place before people started work. The DBS helps employers make safer recruitment decisions. This meant people received support from safely recruited staff.

People were protected from the spread of infection. One person told us, "They wear protective gloves and aprons and keep things clean". The registered manager told us staff had access to protective clothing and had received training in infection control. Staff confirmed they had gloves, aprons and hand gel to help them minimise the risk of infection. They described their hand washing procedures and could tell us how this was important. We found staff had received training and were using this to reduce the risks of infection. The registered manager confirmed spot checks looked at how staff prevented the spread of infection. This showed people were protected from the risk of infection and cross contamination.

The provider told us they used information from when things went wrong to learn. They told us they discussed issues with staff in meetings and made changes to their procedures were required. Staff confirmed this, one staff member said, "We have meetings to discuss anything like this, we also have a group chat which enables us to keep up to date with anything that changes or when something happens". We saw

the provider had action plans in place to make changes to systems following external audits and they could describe their plans for how these were used to learn and make changes to the business.

Requires Improvement

Is the service effective?

Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and their relatives told us staff sought consent before providing care and support. Staff could tell us how they sought consent and had a good understanding of the principles of the MCA. One staff member said, "I always seek consent, we had training in the MCA so I understand how this needs to be done". Another staff member told us, "If someone can't consent, they may have someone with power of attorney, if not we have to look at how decisions are made in their best interests". Whilst another staff member told us, "An assessment has to be done if someone does not have capacity, but we have to assume they have capacity if there is nothing which indicates otherwise". This demonstrated a good understanding of the principles of the MCA. The registered manager told us that most people could consent to their care. However one person was unable to make complex decisions about their care and these were taken in their best interests. Staff confirmed that these discussions took place, however there was no documented assessment of the person's capacity to make decisions or those discussions. This meant that whilst the principles of the MCA were being followed, improvements were needed to how this was documented.

People and their relatives confirmed they received an assessment and had a care plan put together before receiving the service. One person said, "There's a Care plan and it was all agreed with me". A relative told us, "The registered manager came round and set up a care plan and this updated on a regular basis". Staff told us they had the opportunity to read people's assessments and care plans and this told them about what people needed support with. One staff member said, "Assessments are in place as part of the care plan, everything is on there, that I need to know in order to support people". We saw people's assessments identified their need for support and the care plan guided staff on how people's care should be delivered. However we found, staff and the registered manager understood and had more detail about people's needs than were included in the documentation. The registered manager told us they would ensure assessments and care plans were updated to capture this additional information. We found assessments took account of people's diverse backgrounds and care plans gave information to staff to support people, for example with regards to their culture. This meant showed people's needs were assessed and care plans were in place to support the staff in understanding how to meet them.

Some people told us they did not receive support from a consistent staff group. Most people had been supported by staff that had recently joined the service and some felt these staff were not as aware of their needs when they first started as they could be. Relatives were concerned about the number of different staff attending the calls. One relative told us, "I asked for the same staff but they send too many different carers and half of them are new". Another relative told us, "They have a lot of new staff it would be unfair to say they are not good but we would prefer more regular staff".
There had been some newly appointed staff, who told us they had not been in post long, the staff we spoke

with confirmed they had received a good introduction to people's needs, and records supported this. We saw and the registered manager confirmed they had experienced a period of staff leaving the role. This meant some people had received support from inconsistent staff.

People and relatives told us they felt that staff were trained well. One person told us, "They seem well enough trained and they do some shadowing with new team members". A relative told us, "They are all very professional and they seem well trained and they know [person's name] needs". Staff told us they had an induction into their role which included working alongside more experienced staff and could access ongoing training. One staff member said, "|I had a DBS and references sought before I began working and my Induction was good. There was online training and shadowing completed before I worked alone". Another staff member told us, "I have had training in manual handling, basic life support and other topics, it helps me to do my job". The registered manager told us they had a system in place to ensure staff stayed up to date with their training. We saw staff had completed training in areas such as safeguarding, infection control and manual handling. We found staff had regular supervisions and appraisals and the registered manager conducted spot checks to check how staff were performing. We saw competency assessments were completed with staff, for example before they administered medicines. This showed staff received training and were supported in their role.

The provider told us about plans they had to use technology to support the delivery of care. They said they were working on developing a system that would allow live monitoring for staff, allow people's information to be stored and give access to people and relatives through an application which could for example prompt people to take medicines. The registered manager told us there was technology in place to help with monitoring of some people and provide them with access to help during periods where they were alone. Staff confirmed that they were aware of this and always ensured that people had access to the technology when they left the call. This meant the provider had considered the use of technology to support people.

Most people did not have support with providing meals, relatives were providing this support. One person told us, "Meals are done ok, they help with this at weekends". Staff told us they did not support many people with providing their meals but could describe how they offered people a choice where this was part of their care plan. One staff member said, "Most people have support from their relatives to sort out their meals, we have to warm them up and make sure people have a choice sometimes. We try to offer different things and healthy options. Always make sure people have drinks available as well". We saw where required people had their fluid intake monitored and staff were ensuring these records were accurate. We found allergies were documented and people's likes and dislikes for food and drinks were recorded. We found the care plan documented for staff how meals should be presented and served for people. For example, place meals on a tray. We found information was included about people's preferred portion sizes. This meant where people needed support with maintaining their diet, their needs were assessed and preferences considered by staff.

People and their relatives told us staff consistently took action to protect their health and well-being they told us staff would get them a doctor or other service if needed. One person said, "[My relative] has a condition which means they sometimes need antibiotics and staff know to alert us straight away if there are any issues". Staff told us they understood people's health conditions and could give examples of where they had supported and advised people to request support from a health professional. One staff member told us, "One person has been supported to access help from the occupational therapist to get a frame to help his mobility". We saw where people had received support from a health professional the information had been recorded in their records. Staff told us and the registered manger confirmed that any changes following health professional input were communicated to staff immediately and care plans were updated. The records we saw supported this. This meant people had access to support to maintain their health and well-

being.

Good

Is the service caring?

Our findings

People and their relatives felt the staff were caring in their approach. One person told us, "The carers are absolutely wonderful I don't need to worry about them". A relative told us, "[Person's name] is well cared for and that reassures me". People and their relatives told us, staff were thoughtful. They gave examples of staff washing people's hair for them, having a chat and laughing and joking and always checked if anything else was needed before they left. Staff told us they had time in the calls to speak with people and their relatives and get to know them well. They said they had good relationships with people. One staff member said, "I have good relationships with the people and their families, we have time to get to know people during the calls and they will discuss any concerns with us". Another staff member told us, "I know [person's name] well, I understand how they like things to be done". We saw that the registered manager had received compliments from relatives about their staff and how caring they were. For example, one person had written, "[Staff members name] is an asset to the company, [relatives name] has really warmed to them and they get on well". Another relative had written, "The registered manager is so calm, compassionate and professional". This showed people were supported by kind and caring staff.

People were involved in making decisions about their care. People and relatives felt able to decide how people's care needs should be met. Staff told us that they ensured people directed their own support and sought advice from others where needed. One staff member said, "People are involved in decisions, we advise family to engage with other professionals in their care as well. We supported one person to get the help they needed with pressure care for example". Staff could describe the importance of helping people to maintain their independence and the registered manager told us the care plans were designed to ensure people were supported to do what they could for themselves. This meant people were supported to stay independent and maintain their independence.

People and their relatives told us people were treated with dignity and respect and privacy was maintained by staff. One person said, "Yes, I'm cared for with dignity. They know what they are doing. And they are respectful to me, they are always polite and nice". A relative said, "The staff respond respectfully to us all, I would recommend them. I'd say they are very good". Staff could describe how they protected people's dignity and gave examples such as covering people with a towel when doing personal care. One staff member told us, "You have to protect people's privacy, you don't discuss their situation with anyone, you keep things confidential". Another staff member told us, "It is important to maintain people's independence so they can keep their dignity. We are there to assist with things they can't do, not do everything for them". The registered manager told us they checked with people who used the service about whether staff treated them with respect and dignity. They also told us this was checked when they carried out spot checks with staff. We saw records which supported what we were told. People were supported to maintain their privacy and dignity.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt the service was responsive to people's needs. A relative told us, "[Person's name] has some days when different skills are needed and a good start in the morning is vital. We have a consistent team of staff that come and help [person's name] to live a full life". Staff told us they understood people's needs and preferences and could give examples. One staff member said, "One person has personal care done in a particular way due to their culture". Staff could tell us about preferences for people's routines, how they liked things to be done and specific preferences they had. For example, one staff told us, "One person likes to have a shower before breakfast and then likes time alone to eat, I always make sure I go and clean up in the bathroom to give them time alone". Whilst another staff member said, "Your knowledge of people's routines and preferences evolves over time". The registered manager told us that when they carried out assessments and put together peoples care plans they identified things that were important to the person and this included information about their cultural and religious beliefs for example. This meant assessments and care plans had considered people's needs and their preferences.

People and their relatives told us they understood how to make a complaint, but most had not needed to. Staff could describe how they would support someone that made a complaint about the service. One staff member told us, "Any complaints get logged with the manager, they are dealt with straight away but we advise people they can go outside the company if they are not happy to the local authority and CQC for example". We found the provider had a complaints policy in place which set out how complaints would be managed. We saw where people had made a formal complaint these had been responded to in line with the policy.

People were supported with end of life care to have a dignified and pain free death. One relative told us, "End of life and late care have been discussed but not yet finalised completely". The registered manager told us they offered support to people that were at the end of their life. We found that the assessment and care plan described the support people needed and staff were aware of this. We saw people's privacy and dignity was maintained throughout the descriptions of their needs and preferences.

Requires Improvement

Is the service well-led?

Our findings

There were quality checks in place to enable the registered manager and provider to check on the quality of the service people received. For example, daily records and MAR charts were checked monthly. These were dated at the point when they were checked, however there was no record kept of the issues which had been identified or the action the registered manager had taken. In another example, checks were completed on call times to make sure people were receiving calls at the right time and for the right duration but no records were kept of issues or action taken. This involved checking staff times sheets with the daily log records. We spoke to the registered manager about this and they told us they would make improvements to how the findings and actions were recorded.

We found there was a system in place to review care plans and assessments. However this had not identified the issues we found with some aspects of the documentation. For example, we found the care plans did not always include all the details staff knew about people and their preferences. We also found there were improvements needed to how decisions taken in peoples best interests were recorded.

There was a system in place to monitor and investigate accidents and incidents. However there had not been any incidents at the time of the inspection. The registered manager told us how they would investigate any concerns and could describe how they would take action to prevent future events. The staff confirmed for us they understood how to manage and report incidents. This showed there were systems in place to monitor accidents and incidents.

The provider had sourced an external audit to be completed to assess how well the location was performing and if there were improvements needed. The provider told us this looked at each of the CQC key lines of enquiry and assessed what action they needed to take. There was an action plan in place from the most recent audit and we could see for example some of the concerns we identified with medicines recording had been identified in the audit and action was planned.

The provider told us they looked for opportunities to make changes to improve the quality of support people received. The provider shared the example of how they were working to develop a system which would allow staff to clock in when they arrived on a call using a handheld device.

The registered manager had meetings with staff and there were records which showed they discussed how to make improvements to the service. One staff member told us, "I have made a number of suggestions for improvements, we are always listened to. For example changes to call times to make things better for people, increases in staff meetings to allow discussions to take place". The records we saw supported what we were told. Staff felt well supported by the registered manager. One staff member said, "Everyone here is supportive, I don't feel afraid to ask about anything". Another staff member told us, "The manager is good, we get support, I can access them about anything. For example, I struggled to communicate with one of the service users and the manager supported me to do this more effectively".

The registered manager understood their responsibilities for notifications; Notifications are required by law

when incidents occur, such as allegations of abuse and serious incidents. We found these had been submitted as required. This showed the registered manager understood their responsibilities.

The provider told us they sought feedback through a variety of mechanisms, these included website based feedback and questionnaires. The registered manager and provider told us their relationships with people and their relatives were important. They told us they always tried to offer a personalised service which supported people to live independently and communication was a big part of this. However, despite this we found people and relatives had mixed views about whether they were listened to and their concerns addressed. Some people felt they could approach the registered manager about anything and they were always responsive, whilst other people told us they had difficulty in contacting the registered manager and did not feel their concerns were taken seriously. People and their relatives told us where they had raised concerns or shared their views, they sometimes felt these were not fully addressed. For example, one person told us they had raised concerns about the number of different staff attending calls but this was still happening on occasions. This meant improvements were needed to ensure people and relatives could consistently be supported and their concerns addressed.