

Yorkshire Care Services Ltd

SureCare Batley & Wakefield

Inspection report

Admiral House
Blakeridge Lane
Batley
WF17 8PD

Date of inspection visit:
28 November 2022

Date of publication:
02 February 2023

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

SureCare Batley & Wakefield is a domiciliary care agency which provides personal care and support to people in their own home. The service provides support to older people and people living with physical disabilities. At the time of our inspection there were 45 people using the service. 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

Systems to monitor people's calls was not effective. People did not always receive their calls on time and for the length of time allocated. Risk assessments and care plans were completed in line with people's needs, however accident and incident records contained conflicting information.

Quality monitoring systems were in place, but these were not effective. We made recommendations about this.

The registered manager understood their role and responsibilities and was working on a service improvement plan. Staff enjoyed working for the provider and felt supported by the managers.

People's needs were assessed and documented clearly in care plans. Staff were provided with detailed task lists for each call. People received support with their nutrition and hydration. Referrals were made to appropriate health professionals where needed.

People told us they were treated well and with respect. People were involved in their care planning and knew the staff well. Relatives felt people were treated well and involved in their loved one's care planning.

The provider sought feedback from the staff and people who use the service to improve the quality of the service. People were aware of how to raise a complaint if they needed to. Care plans were detailed and described how each person should be supported.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under the Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Rating at last inspection

This service was registered with us on 10 October 2020 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?

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 findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

SureCare Batley & Wakefield

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 and 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.

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, however following the inspection the provider notified us that the registered manager had left the service and they had recruited a new manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2022 and ended on 09 December 2022. We visited the location's office on 28 November 2022.

What we did before the inspection

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.

During the inspection

We spoke with 7 people who used the service and 8 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager. We reviewed a range of records relating to the management of the service, including policies, procedures, training records and quality assurance records. We looked at 4 people's care records and 2 staff member's files in relation to recruitment and induction.



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.

Staffing and recruitment

- People did not always receive their planned calls on time. One relative told us, "The carers turn up late and don't even stay the full length of time, they cover all the duties, but it's rushed."
- The providers system for monitoring people's calls was not effective. The registered manager addressed this issue following feedback during inspection. People said they were not informed of changes to their care visits such as staff changes or times. One person told us, "It would help if they [staff] told us if there was going to be any changes."
- The service followed safe recruitment practices.

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

- Accidents and incidents were recorded but not analysed. No reviews took place; to identify any learning or reduce reoccurrence of risk. Some records contained conflicting information. Care plans and risk assessments were not updated following incidents.
- People's risks were understood and regularly reviewed. Care plans and risk assessments were completed in line with peoples' individual needs.

Using medicines safely

- People were not always supported safely to manage their medicines. There were several incidents where medication was given at different times increasing the risk of a medication errors.
- We saw correct medicine administration records (MAR) were used to keep an accurate record for medicines.
- Medicines were managed by staff who had received training and regular competency checks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they felt safe because, "The staff are good and know me well." A relative told us, "My mother is very safe with the care she's receiving at the moment."
- The service had a safeguarding policy in place to safeguard people from harm and abuse.
- Staff could describe appropriate action they would if they became aware of abuse. One staff member told us, "I would make sure the service user is safe and then get them the help they need."

Preventing and controlling infection

- The provider was effectively managing the prevention and control of infection. Staff had completed infection control training and received regular spot checks.

- The provider ensured staff were provided with person protective equipment (PPE) to carry out their roles safely.

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; Staff working with other agencies to provide consistent, effective, timely care

- There was an effective system in place to assess and identify any risks for people. Care plans included information about people's needs. All care calls had a detailed task list which staff followed, this ensured people received the correct care for their needs
- Staff told us the registered manager communicated with them of any changes to a person's needs.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles. Staff received regular competency checks and supervisions.
- Staff received an induction when they started. One staff member told us they found the induction programme very useful as they had never worked in care before, "I went out alone when I was ready."
- An action plan was in place to address outstanding training as not all staff had completed training.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's received support with their nutrition and hydration. Care plans contained detailed information about people's need. Staff understood people's individual needs and any recommendations from health professionals were addressed.
- People were supported with their health and well-being. People were referred to appropriate health professionals to support them to live a healthy life.

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.

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 completed training in MCA and Deprivation of Liberty Safeguards (DOLs).

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 well and supported in line with their needs. One person told us, "They [staff] treat us very well and are respectful."
- Relatives felt people were treated well. One relative told us, "The carers themselves are really lovely in regard to a caring nature and personality. [Person] is treated with dignity and respect and this goes hand in hand."

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

- People were involved in all aspects of their care. Regular reviews with people about their care were carried out and actions addressed where needed.
- There were opportunities for relatives to be involved in people's care planning. One relative told us, "I have my say on how I want my mother's care to be conducted."
- People knew the staff well and felt able to share a concern or raise a complaint if they needed to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. One person told us, "I'm treated with respect and dignity." A relative told us, "My mother is always treated with respect throughout her care. The carers promote her independence."

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 requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a complaint if they needed to, however we found complaints were not always fully resolved. One relative told us they complained as staff were not arriving on time stating, "When staff haven't turned up on time on a morning, I have had to let the office know, this got better but it still does happen." Another relative told us, "I've made complaints in the past about not matching the right people to the care needs, but it's a bit better now."

End of life care and support

- The service was providing end of life care to people, however we found no evidence of this in people's care plans. The registered manager addressed this following feedback during inspection. End of life care training was being arranged by the provider
- Staff who had received previous training in end of life care supported people during this time. One staff member told us, "I enjoy doing palliative care. I have had training with other companies. It's not only about looking after the person, but also about supporting the family. Making sure the person is comfortable and pain free and provide emotional support to the family as it can be difficult."

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's communication needs were assessed, and information recorded on how best to support them. People's care was reviewed regularly. One relative told us, "The care plan is in place and the carers know what care my relative needs and this is carried out safely." The registered manager told us they will match staff who can speak people's preferred language.

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

- Care plans were person centred and included information of how people wanted to be supported.
- People's care was reviewed regularly with them and their relatives. One person told us, "I have a carer plan and it's kept up to date, I was fully involved with it."
- We reviewed daily care records and found people were being supported in line with their care plan and preferences.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Monitoring systems were in place however these did not ensure the managers were able to oversee the quality of the service.
- Oversight of medicines needed to be further improved. Medicine audits were not always effective; medication stock was not monitored. Calls monitoring systems were not effective, and accidents and incidents were not reviewed to determine where improvements needed to be made.

We recommend the provider reviews their quality monitoring systems to ensure audits are more effective to support ongoing quality improvement.

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

- The registered manager understood their roles and responsibilities. To support their role, they attended local forums and safeguarding meetings. Feedback was addressed.
- A detailed action plan was in place to support improvement. This included areas which were addressed following inspection feedback.

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

- The provider engaged with people and staff regularly to seek feedback. This was used to improve the quality of the service. One staff member told us, "I would highly recommend the service to others including service users. The service encourages us to get to know the service users well and their families and the organisations looks after us. They make the staff feel valued."
- Staff told us they enjoyed working for sure care. One staff member told us, "Surecare is not just a company to work for, it operates as a family. There is a lot of support from the director, manager, care co-ordinator, supervisor, office staff and fellow cares. The office team are very supportive and always on hand to answer questions. All the other carers that I have met are really nice I love working for surecare".